PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY 15 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

DOCUMENT # P00000020843

1. Corporation Name
MURTON INTERNATIONAL CORP.

2. Principal Office Address	**3.** Mailing Office Address
20191 E.Country Club Dr.	same
Suite, Apt. #, etc. #602	Suite, Apt. #, etc. #602
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180 Country USA	Zip 33180 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/29/2000

5. FEI Number — Applied For — XX Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MURIEL C. STOUT

Street Address (P.O. Box Number is Not Acceptable)
20191 E. Country Club Dr. #602

Suite, Apt. #, Etc.

City AVENTURA — State FL — Zip Code 33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Muriel C. Stout
REGISTERED AGENT MUST SIGN — Date

CR2E061 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Muriel c. Stout	20191 E. Country Club Dr.	Aventura,F;/33180
V,P,	Anthony St. Prix	4307 Taylor St.	Hollywood, Fl. 33021

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Muriel C. Stout — 5/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 5/23/02