

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 FEB 10 AM 11:59

DOCUMENT # PO1000049286

1. Corporation Name

Fulcrum Inc

2. Principal Office Address - No P.O. Box #

155 Ocean Lane Drive

3. Mailing Office Address

155 Ocean Lane Drive

Suite, Apt. #, etc.

Apt 311

Suite, Apt. #, etc.

Apt 311

City & State

Key Biscayne FL.

City & State

Key Biscayne
Florida

Zip

33149

Country

USA

Zip

33149

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/01

5. FEI Number

651104290

Applied For

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

Alexander D. Varkas Jr

Street Address (P.O. Box Number is Not Acceptable)

155 Ocean Lane Drive

Suite, Apt. #, Etc.

Apt 311

City

Key Biscayne

State

FL

Zip Code

33149

500269372635
02/10/15--01035--005 **1200.00

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

Alex Varkas Jr

REGISTERED AGENT MUST SIGN

Date 1/31/15

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
<u>Dir Pres</u>	<u>Alexander D. Varkas Jr.</u>	<u>155 Ocean Lane Dr. #311</u>	<u>Key Biscayne FL 33149</u>

REINSTATEMENT - 2012 - 2015

10. E-mail Address: VARAKAS311@comcast.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Alex Varkas Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/15

Date

Daytime Phone #

AP