

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 29 AM 10:08

DOCUMENT # *P02000100901*

1. Corporation Name

FULMAR INVESTMENT, INC

KS

REINSTATEMENT *06-10*

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

14451 S.W. 192 AVE

3. Mailing Office Address

P.O. BOX 441584

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Miami, Florida

Zip

33196

Country

U.S.A

Zip

33144

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

200447836

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

TRUJILLO ENRIQUE

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

14451 S.W. 192 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

800184786798
*08/27/10--01054--007 **1324.00*

800184786798
*10/01/10--01003--009 **34.75*

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

Date

REGISTERED AGENT MUST SIGN

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
<i>PRES</i>	<i>TRUJILLO ENRIQUE</i>	<i>14451 S.W. 192 AVE</i>	<i>MIAMI FL 33194</i>
<i>3000 TRE</i>			
<i>SEC</i>	<i>CARRI TRUJILLO CARIDAD</i>	<i>14451 S.W. 192 AVE</i>	<i>MIAMI FL 33194</i>
<i>D.</i>	<i>CARBONEL BARBARA</i>	<i>14451 S.W. 192 AVE</i>	<i>MIAMI FL 33194</i>

10. E-mail Address:

(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., 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.

SIGNATURE:

Enrique Trujillo

9/17/10

7864175685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres / D / REGISTER AGENT