

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR -5 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


700092345877  
03/13/07--01007--025 \*\*1050.00

REINSTATEMENT

CR2E081 (12/05)

05-07

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # PO41000088487  
1. Corporation Name Adventurous Investments, Inc.

2. Principal Office Address 3. Mailing Office Address

3509 Marlar Avenue

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip Country

33133 USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

May 26 2004

5. FEI Number

☒ 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

Gwen Taylor

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

3509 Marlar Avenue

Suite, Apt. #, Etc.

City

Miami FL 33133

State

FL

Zip Code

33133

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

Gwen Taylor

Date 11-3-2006

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
P	Gwen Taylor	3509 Marlar Avenue <del>PO Box</del>	Miami, FL 33133

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 contained in Chapter 119, 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:

Gwen Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-2006

Date

Daytime Phone #

3/5/07