2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000046050

1. Entity Name
FUNDAMENTAL ENTERPRISES INC.

FILED
07 AUG -7 AM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
524 JOE DOCTOR SR CIRCLE IMMOKALEE, FL 34142 US	2272 AIRPORT ROAD SOUTH #101 NAPLES, FL 34112 US

REINSTATEMENT 06-07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
524 Joe Doctor Sr Circle	524 Joe Doctor Sr Cir.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Immokalee, Fl	City & State: Immokalee, Fl
Zip: 34142 Country: US	Zip: 34142 Country: US

4. FEI Number: 20-2577272 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, J. BLAN ~~2272 AIRPORT ROAD SOUTH~~ 1570 SHADOWLAWN DR. ~~#101~~ NAPLES, FL ~~34112~~ 34104	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: J. BLAN TAYLOR [signature] 7/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MOTLOW, VIRGIL B 524 JOE DOCTOR SR CIRCLE IMMOKALEE, FL 34142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400100841037744 08/22/07--01017 --002 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOTLOW, VIRGIL B 524 JOE DOCTOR SR CIRCLE IMMOKALEE, FL 34142	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virgil Benny Motlow 6-15-07 (239) 503-6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #