2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR -1 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/9/09 01010 005 908.75

DOCUMENT # P05000166078

1. Entity Name
WOLFSON HUTTON COMPANY, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146	1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6361 SUNSET DR.		6361 SUNSET DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33143	Country: USA	Zip: 33143	Country: USA

03302009 REIN-P CR2E098 (1/07)

4. FEI Number: 20-4912267 ☐ 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
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146	Name: IGNACIO ZULUETA Street Address (P.O. Box Number is Not Acceptable): 6361 SUNSET DR. City: MIAMI FL Zip Code: 33143

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: [signature]
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 11
TITLE: DP NAME: ZULUETA, IGNACIO STREET ADDRESS: 1500 SAN REMO AVENUE SUITE 125 CITY-ST-ZIP: CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 800143147538 02/09/09--01010--005 **908.75
TITLE: DST NAME: ZULUETA, FERNANDO STREET ADDRESS: 1500 SAN REMO AVENUE SUITE 125 CITY-ST-ZIP: CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: [signature] 3/30/09 (305)669-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/1 aw