PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 JAN -2 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000078391

1. Limited Liability Company's Name
FULTRAN INC.

W14-357

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1724 RUDIN WAY	123 CYPRESS ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 34759 Country: U.S.A.	Zip: 32824 Country: USA

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: SEPT. 01, 2011

6. FEI Number: 45-3185407 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: DESMOND FULLER

Street Address (P.O. Box Number is Not Acceptable): 123 CYPRESS ST.

Suite, Apt. #, Etc.

City: ORLANDO, F State: FL Zip Code: 32824

E-mail Address:
DESFULL@CFL.RR.COM

200255166652
01/02/14--01012--002 **900.00

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 01/02/14
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	DESMOND C. FULLER	123 CYPRESS ST.	ORLANDO, FL 32824
MGR	DEZMA FULLER	1724 RUDIN WAY	KISSIMMEE, FL 34759

JAN 02 2014
R. HUNT

REINSTATEMENT

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. 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 of Authorized Person _____ Date 12/31/13 Daytime Phone # 954-232-5705