FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV -3 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600024384836
11/03/03--01088--002 **1200.00

DOCUMENT # P96000039640

1. Corporation Name

MURTON INVESTMENTS, INC.

REINSTATEMENT 00-03

2. Principal Office Address		**3.** Mailing Office Address	
7860 N.W. 67th Street		7860 N.W. 67th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33166	USA	33166	USA

4. Date Incorporated or Qualified To Do Business in Florida: 05-03-1996

5. FEI Number: 65-0693914 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James C. Murton

Street Address (P.O. Box Number is Not Acceptable): 7860 N.W. 67th Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33166

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

CR2E061 (10/02)

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
PSTD	James C. Murton	7860 N.W. 67th Street	Miami, FL 33166

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 under section 119.07(3)(i), 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: _____ 10/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #