2007 FOR PROFIT CORPORATION REINSTATEMENT

		KEINS17	A I CIVICIA I			_				
DOCUMENT # P97000018078 1. Enlity Name FUTERNICK INVESTMENTS, INC.						FILED 07 OCT 29 PM 1: 23				
Principal Plac	e of Business		Mailing Address		· <u> </u>	7	07 061 2	9 11	1.73	
GROVE ISLE		GROVE ISLE DRIVE					, , , r 	TATE		
#1509	DIMAT		#1509				ALLAHAS	NE UE S	TAIL	
MIAMI, FL 33133 MIAMI, FL 33133							ALLAHAS	Sec, it	.UKIDA	
				_						
2. Principal P	Place of Busine	ess - No P.O. Box #	3. Mailing Address							
						DEI	VSTATEN	FINT	0)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1023299	ACSTANT PIE	CR2E	098 (1/07)	
City & State			City & State			4. FEI Numbe			TIAn	plied For
City & State			City & State			65-073			— 	t Applicable
Zip Country			Zip Country		itrv					
-r					,	5. Certificate of Status Desired Sa.75 Additional Fee Required				
6. Name and Address of Current			t Registered Agent	l .		7. Name and	Address of New F	Registered	Agent	
	*		·- 		Name	-				
		D E ESQUIRE			Street Address ((P.O. Boy Numb	er is Not Acceptable	<u> </u>		
407 LINCOLN RD., PENTHOUSE SE MIAMI BEACH, FL 33139					Street Address ((F.O. BOX NUMO	er is not acceptable	c)		
MINIMI DE	ACH, FL 3	3139						_		
					-0.1				1 7 0 1	
					City			FL	Zip Code	e
	named entity tions of registe		or the purpose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE_										
5.6		r printed name of registereo ager	t and title if applicable. (NOT	E: Register	ed Agent signature requi	red when reinstating		DATE		
		EE IS \$150.00 18, Fee will be \$300.	.00				In accordance corporation did			
10.		OFFICERS AND	D DIRECTORS	11.		ADDITIONS.	CHANGES TO OFF	ICERS AND	DIRECTORS	\$ IN 11
TITLE	D		Delete	TATE	E				☐ Change	☐ Addition
NAME	FUTERNIC	CK, MORRIS		NAM	IE				·	
STREET ADDRESS	GROVE IS	LE DR, #1509		STRE	EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL	33133		CITY	-ST-ZIP					
TITLE	ł		Delete	TITL	E				☐ Change	Addition
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STREET ADDRESS	•				EET ADDRESS		/0701067		**150.0)iī
CITY-ST-ZIP	<u> </u>			CITY	- ST- ZIP			~ <u>~~</u>		···-
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STREET ADDRESS					EET ADDRESS					j
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NAME				■ STRI	EET ADDRESS					
STREET ADDRESS										l
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the	information supplied wi	th this filing does not qualify to	city	emptions contained	d in Chapter 119	9, Florida Statutes.	further cer	lify that the in	nformation or director
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	d on this repor rporation or th	l or supplemental report e receiver or trust y e em	s true and accurate and that if cowered to execute this report	city or the exi my signa Las requ	emptions contained	d in Chapter 119 same legat effe 17, Florida Statuti	9, Florida Statutes ct as if made under es; and that my name	further cer oath; that I ne appears	lify that the ir am an officer in Block 10 or	nformation or director r Block 11 if
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	d on this repor rporation or th	l or supplemental report e receiver or trust y e em	In this filing does not cualify to be true and accurate and that to covered to execute the report with all after like empowered	city or the exi my signa Las requ	emptions contained	d in Chapter 119 same legal effe 7, Florida Statuti	9, Florida Statutes. ct as if made under es; and that my nan	further cer oath; that I ne appears	lify that the ir am an officer in Block 10 o	nformation or director r Block 11 if
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	d on this repor rporation or th I, or on an atta	l or supplemental report e receiver or trust y e em	s true and accurate and that if cowered to execute this report	city or the exi my signa Las requ	emptions contained	same legal effe 7, Florida Statuti	9, Florida Statutes. ct as if made under es; and that my nan	I further cer oath; that I ne appears	tify that the ir am an officer in Block 10 or	nformation or director r Block 11 if