PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 12 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075829

1. Corporation Name
MUMMERT INVESTMENTS Inc

01-05

SEP 14 2005

2. Principal Office Address	3. Mailing Office Address
8551 W. SUNRISE BLVD	8551 W. SUNRISE BLVD
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.: 302
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8-23-1999

5. FEI Number: 650949029 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL E. MUMMERT

Street Address (P.O. Box Number Is Not Acceptable): 6880 SW 3RD STREET

Suite, Apt. #, Etc.:

City: PEMBROKE PINES, State: FL Zip Code: 33023

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: Michael E Mummert Date: 9-7-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
P,V,S,T	MICHAEL E. MUMMERT	6880 SW 3RD STREET	PEMBROKE PINES, FL 33023
		500059536045 09/12/05--01054--017 **1350.00	

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: Michael E Mummert 9-7-05 954 444-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #