2005 FOR PROFIT CORPORATION REINSTATEMENT

	REIŅSTA	TEMENT		11 60 11:50	7	
DOCUMENT # P99000080132				EIN WILL	(E)	
1. Entity Name LIONHEART INVESTMENTS CORPORATION				SECHLANASSEE, ELO	RIDA	
Principal Place	e of Business	Mailing Address		- SECULIANA	1 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
617 S. RAINE		617 S. RAINBOW DRIVE		T APS	01-05	
HOLLYWOOD		HOLLYWOOD, FL 33021	िर्देश	I SERVICE HE INDICATE SETT FROM		
2. Principal Place of Business Do 3. Mailing Address 617 5 Rannagous		grave Des				
Suite, Apt. #, etc. Suite, Apt. #, etc.		4444	02012005 REIN-P	CR2E098 (6/04)		
Oity & State	Juwap	City & State		4. FEI Number 65-0945071	Applied For Not Applicable	
3309	Country	Zip Zip	Compty	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
200	6. Name and Address of Current	2 226-1	, , ,	7. Name and Address of New		
Name						
BRENNAN, PATRICIA M 617 S. RAINBOW DRIVE HOLLYWOOD, FL 33021			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
HOLLTWOOD, PL 33021						
			City		F.L Zip Code	
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.						
Constitution of the latest agent.						
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$900.00						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11	
TITLE	Р	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME OVERT ADDRESS	BRENNAN, PATRICIA M		NAME	200052 04/26/050109	139942	
STREET ADDRESS CITY-ST-ZIP	617 S. RAINBOW DRIVE HOLLYWOOD, FL 33021		STREET ADDRESS City-St-Zip	04/26/050109	8006 **900.00	
TITLE		□ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		□ Delete	TITLE		☐ Change ☐ Addition	
NAME		Delete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-\$T-ZIP			CITY-ST-ZIP			
TOTLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME Street address			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY+ST-ZIP			CITY-ST-ZIP			
12. I hereby	I certify that the information supplied with	this filing does not qualify for t	he exemption stated in	Section 119.07(3)(i), Florida Statute	s. 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.						
DE LOUIS DE LOUIS DE LE LA COME DE LA COME D						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date						

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