2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:  $\frac{\times}{-}$ 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

		or a secondition of							
DOCUMENT # P9900080132  1. Entity Name					grama or g of the second of th				
LIONHEART INVESTMENTS CORPORATION					08 OCT 30 PH 3: 50				
Principal Place of Puninger					LELAHASSEE, FLORIDA				
Principal Place of Business 617 S. RAINBOW DRIVE HOLLYWOOD, FL 33021		Mailing Address 617 S. RAINBOW DRIVE HOLLYWOOD, FL 33021				ARAJJ	SSEE. FLORI	ĀG	
					[ 100(IDE) ]	B EDIJB JOTU BOJU BOJU BOJ	M 88181 18111 88181 1188 1111	1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10282008	REIN-P	CR2E098 (1/0	7)	
City & State		City & State			4. FEI Numb 65-094			Applied For Not Applicable	
Zip	Country	Zip	Country	ountry		of Status Desired	□ \$8.75 / Fee Requ		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	tegistered Agent		
DOCNINA	L DATRICIA M		Name	Name					
BRENNAN, PATRICIA M 617 S. RAINBOW DRIVE HOLLYWOOD, FL 33021				Street Address (P.O. Box Number is Not Acceptable)					
			City				FL Zip C	ode	
	named entity submits this statement for	or the purpose of changing it	s registered office o	r register	ed agent, or bo	th, in the State of Flo	orida. I am familiar wi	th, and accept	
the obligat	ions of registered agent.						1-1-11/1-0		
SIGNATURE	N 1 10 10 10 10 10 10 10 10 10 10 10 10 1	and title it applicable (NE	TE: Registered Agent sign	ature requir	ed when reinstating		10/28/08		
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00							with s. 607.193(2)(t not receive the price		
10.	OFFICERS AND	DIRECTORS	11.	,	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11	
TITLE	P DOENNAN DATOLOGA MA	☐ Defete	TITLE		S	nn197.	d Chang	ge 🔲 Addition	
NAME STREET ADDRESS	BRENNAN, PATRICIA M 617 S. RAINBOW DRIVE		NAME STREET ADDRESS		10730	70801033	483736 }012 **19	50.00	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP					JO	
TITLE		☐ Delete	TITLE		***	1 <u></u>	☐ Chang	ge Addition	
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TITLE		☐ Delete	TITLE				☐ Chang	je 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby o	certify that the information supplied wit	h this filing does not qualify	for the exemptions of	ontained	in Chapter 119	, Florida Statutes I	further certify that the	e information	
indicated	on this report or supplemental report i	s true and accurate and that	my signature shall !	nave the	same legal effe	ct as it made under	oath; that I am an offic e appears in Block 10	cer or director	