

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

DOCUMENT # P020000 74541

1. Corporation Name

153rd Street Investment, Inc.

2. Principal Office Address - No P.O. Box #

8503 NW 164 ST

Suite, Apt. #, etc.

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33016

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2002

5. FEI Number

061638756

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

Patricia M. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

8503 NW 164 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33016

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/10/10

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	Juan C. Gonzalez	8503 NW 164 ST	Miami, FL 33016
VP	Patricia M. Gonzalez	8503 NW 164 ST	Miami, FL 33016

[Signature] 3/10

10. E-mail Address: Patricia@hemisphere-title.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/10

Date

305-2163501

Daytime Phone #