

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 MAY -6 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000078602

1. Corporation Name

3704 INVESTMENT CORP.

900180497019  
05/06/10--01034--010 \*\*450.00

**REINSTATEMENT** 08-1D

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

782 NW Le Jeune Rd.

3. Mailing Office Address

782 NW Le Jeune Rd.

Suite, Apt. #, etc.

# 435

Suite, Apt. #, etc.

# 435

City & State

Miami FL

City & State

Miami, FL

Zip

33126

Country

U.S.

Zip

33126

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

07/10/2007

5. FEI Number

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

Cabanas & Associates, P.A.

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

10520 NW 26 St.

Suite, Apt. #, Etc.

# C 201

City

Doral

State

FL

Zip Code

33172

PROFIT CORPORATIONS ONLY

The \$600.00 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

*Jeff Cabans*

REGISTERED AGENT MUST SIGN

Date May 4, 2010

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
PST	Gebran, Neif	782 NW Le Jeune Rd. Ste. # 435	Miami, FL. 33126

10. E-mail Address: maria@cabanaspa.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*Neif Gebran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neif Gebran

May 4, 2010

Date

(305) 446 6400

Daytime Phone #

5/10