

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 30 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005236

1. Corporation Name

Hybrid Investment Corp.

2. Principal Office Address
9505 SW 136th Street

3. Mailing Office Address
9505 SW 136th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

REINSTATEMENT 98-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0553639

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

Adetutu Ajagbe

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

9505 SW 136th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

400021937004

07/30/03--01024--007 ** 500.00

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

Adetutu Ajagbe

REGISTERED AGENT MUST SIGN

Date

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
DS	Adetutu Ajagbe	9505 SW 136th St	Miami, FL 33176
DP	Augustine Ajagbe	9595 SW 136th St	Miami, FL 33176
DS	E. Oluwole Alle	19170 NW 88th Ct	Miami Lakes, FL 33018
D	Margret A. Alle	19170 NW 88th Ct	Miami Lakes, FL 33018

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)(l), 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:

Adetutu Ajagbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 254-7888

Date

Daytime Phone #

7/30

CR2E081 (10/02)