

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 24 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000074996*

1. Corporation Name

*FSD Investors Group Corp*

Principal Place of Business

Mailing Address

*7891 WEST FLABUER ST 298  
MIAMI FL 33144*

*7891 WEST FLABUER ST #298  
MIAMI Florida 33144*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

*7891 WEST FLABUER ST*

Suite, Apt. #, etc.

*298*

City & State

*MIAMI Florida*

Zip

*33144*

Country

3. New Mailing Office Address, If Applicable

*7891 WEST FLABUER ST*

Suite, Apt. #, etc.

*298*

City & State

*MIAMI Florida*

Zip

*33144*

Country

**REINSTATEMENT**

*09-00*

4. Date Incorporated or Qualified To Do Business in Florida

*8-27-98*

5. FEI Number

*65-0859498*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>President</i>	<i>Xenia Borges</i>	<i>7891 WEST FLABUER ST 298</i>	<i>MIAMI Florida 33144</i>
<i>Vice President</i>	<i>Fernando Borges</i>	<i>7891 WEST FLABUER ST 298</i>	<i>MIAMI Florida 33144</i>

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-03/08/00--01006--010  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
*Fernando Borges*

Street Address (P.O. Box Number is Not Acceptable)  
*7891 WEST FLABUER ST 298*

Suite, Apt. #, Etc.  
*MIAMI Florida 33144*

City State Zip Code  
*FL*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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)(i), 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.

*(305) 586-6741  
EXT 18*

SIGNATURE: *[Signature]* VICE PRES Date *2-23-2000* Daytime Phone *KE*