

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000006883

1. Corporation Name

Hex Investments, Inc.

Principal Place of Business

8500 S.W. 8th Street,  
Ste 238  
Miami, FL 33144

Mailing Address

8500 S.W. 8th Street  
Ste 238  
Miami, FL 33144

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

January 23, 1997

5. FEI Number

65-0721293

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Emiliano E. Herran	8500 S.W. 8th Street Suite 238	Miami, FL 33144
SD	Rogelio Cainzos	8500 S.W. 8th Street Suite 238	Miami, FL 33144
VP, D	Jorge Correa	8500 S.W. 8th Street Suite 238	Miami, FL 33144
TD	Jose Luis Machado	8500 S.W. 8th Street Suite 238	Miami, FL 33144
D	Felix Lasarte	8500 S.W. 8th Street Suite 238	Miami, FL 33144
D	Daisy Gomez	8500 S.W. 8th Street Suite 238	Miami, FL 33144

8. Name and Address of Current Registered Agent

Jose Luis Machado  
8500 S.W. 8th Street  
Suite # 238  
Miami, FL 33144

9. Name and Address of New Registered Agent

Name SAME  
Street Address (P.O. Box Number is Not Acceptable)  
500003339405--2  
Suite, Apt. #, Etc. -07/28/00--01060--001  
City \*\*\*750.00 \*\*\*750.00  
State FL Zip Code

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

JM-LB

REGISTERED AGENT MUST SIGN

Date

7/4/00

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Luis Machado / Director  
Treasurer

Date

Daytime Phone #

7/4/00 (305) 261-5355

CR2081 (12/98)