

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 21 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P-04000051311**

1. Corporation Name

Ternion Investment Group, Inc

2. Principal Office Address

c/o Best Time Inc

Suite, Apt. #, etc.

55 E. 1st Street, Suite-8

City & State

Miami, Florida

Zip

33132

Country

USA

3. Mailing Office Address

c/o Best Time Inc

Suite, Apt. #, etc.

55 E. 1st Street, Ste-8

City & State

Miami, Florida

Zip

33132

Country

USA

REINSTATEMENT

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/04

5. FEI Number

76-0753774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victor V. Marrero

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

16308 NW 11th Street

Suite, Apt. #, Etc.

n/a

City

Pembroke Pines,

State

FL

Zip Code

33028

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 10/07/05

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
D	Elvis Toledo	55 NE 1st Street	Miami, FL. 33132
D	Carmen Toledo	55 NE 1st Street	Miami, FL. 33132
D	Victor V. Marrero	16308-NW-11th-Street	Pembroke Pines, FL. 33028
D	Iris Marrero	16308 NW 11th Street	Pembroke Pines, FL. 33028
D	Jose F. Montano	315 SW 185th Avenue	Pembroke Pines, FL 33029
D	Lourdes montano	315 SW 185th Avenue	Pembroke Pines, FL 33029

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)(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.

SIGNATURE:

[Signature]
JOSE F. MONTANO, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/05

Date

954-4150-6432

Daytime Phone #