

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000 74541

1. Corporation Name
153rd Street Investment, Inc.

REINSTATEMENT 08-10

900172222269
03/15/10--01060--009 **1050.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 8503 NW 164 ST		3. Mailing Office Address ← Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33016	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 2002	
5. FEI Number 061638756	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Patricia M. Gonzalez

Street Address (P.O. Box Number is Not Acceptable): 8503 NW 164 ST

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33016

The 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: *[Signature]* Date: 3/10/10

REGISTERED AGENT MUST SIGN

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
P	Juan C. Gonzalez	8503 NW 164 ST	Miami, FL 33016
VP	Patricia M. Gonzalez	8503 NW 164 ST	Miami, FL 33016

[Signature] 3/10

10. E-mail Address: Patricia@hemisphere-title.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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: *[Signature]* 3/10/10 305-2163501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #