

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G 49090**

1. Corporation Name

PROVIDENTIA CAPITAL INVESTMENTS, INC.

2. Principal Office Address

600 NW 7th Ave.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33127

Country

USA

3. Mailing Office Address

11580 SW 125 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-29-1983

5. FEI Number

59-230-4069

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-05

7. Name and Address of Current Registered Agent

Name

TERRY V. PERCY

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

11580 SW 125 ST

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33127

500054289435
05/10/05--01045--025 **1550.00

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

TVP

REGISTERED AGENT MUST SIGN

Date

4-14-05

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
P	TERRY V. PERCY	11580 SW 125 ST	Miami, FL 33127

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:

TVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-05 305-751-1592

Daytime Phone #

CR2E081 (01/05)