

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 20 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G56215**

1. Corporation Name

**SUR INVEST, INC.**

Principal Place of Business

Mailing Address

[REDACTED]

[REDACTED]



**REINSTATEMENT** *91e*

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

2. New Principal Office Address, If Applicable <b>3001 Ponce de Leon</b> Suite, Apt. #, etc. <b>SUITE 264</b> City & State <b>CORAL GABLES, FL.</b> Zip <b>33134</b> Country <b>USA</b>		3. New Mailing Office Address, If Applicable <b>3001 Ponce de Leon</b> Suite, Apt. #, etc. <b>SUITE 264</b> City & State <b>CORAL GABLES, FL.</b> Zip <b>33134</b> Country <b>USA</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>08/18/1983</b>	
5. FEI Number <b>59-2456270</b>				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> [REDACTED]					

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DR CHAIRMAN	GONZALEZ, LLAMA MANUEL	<b>3001 Ponce de Leon #264</b>	<b>CORAL GABLES, FL. 33134</b>
	[REDACTED]	[REDACTED]	[REDACTED]
PS	DOMINGUEZ, HUMBERTO	<b>3001 Ponce de Leon #264</b>	<b>CORAL GABLES, FL. 33134</b>
			<b>600002011736--6</b> <b>-11/22/96--01002--024</b> <b>***375.00 ***375.00</b>
			<i>JB11-21-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

[REDACTED]		Name <b>JOSSE BAUERLE</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>3001 Ponce de Leon Blvd.</b>	
		Suite, Apt. #, Etc. <b>#264</b>	
		City <b>CORAL GABLES</b>	State <b>FL</b>
		Zip Code <b>33134</b>	

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]*

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10/30/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MANUEL GONZALEZ LLAMA**

**10/30/96 (205) 774-9787**  
Daytime Phone #

CREC-040 (7/95)