PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

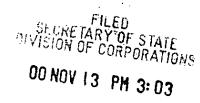
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J09009

1. Corporation Name

FLORIDA INTERNATIONAL FIDELITY INVESTMENT CORP.

Principal Place of Business Mailing Address 3000 ORANGE GROVE TRAIL 3000 ORANGE GOVE TRAIL



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NAPLES FL	34120	·	NAPLES FL 34120) 1990)))O DAY BANKA KANKA MAKKA DOKU DOKU KURU BIRUK			
US US								/	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DEINIC	DEINICTATEMENT C		
New Principal Office Address, If Applicable 3. New Ma				ing Office Address, If Applicable		70 Do Busir	orated of Qualified.	4000	
Suite, Apt. #, etc. Suite, Apt.				≠, etc.		04/14/1986 ————————————————————————————————————			
City & State	<u></u> 		City & State				59-2695181	Not Applicable	
Zip Country			Zip Country			6. CERTIFICATE OF STATUS DESIRED			
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 2			Street Address of Each Officer and/or Director 3		City / State / Zip			
_V	CECIL, SARAH			-3000 ORANGE GROVE TRAIL			NAPLES FL 34120		
P ₂	BOLLT, ROBERTO				RANGE GROVE TRAIL		NAPLES FL 34120		
√رs	LOWITZ, STEPHEN				PRANGE GROVE TRAIL		NAPLES FL 34120		
						-	<u> </u>		
							-12/01/0801078001 ****750.00 ****750.00		
							Mal	29	
8. Name and Address of Current Registered Agent Name						9. Name and A	Address of New Registered Agent		
DOLLE DOLLETO									
	•				Street Address (P.O. Box Number is Not Acceptable)				
3000 ORANGE GROVE TRAIL NAPLES FL 34120					Suite, Apt. #, Etc.				
4					City		FL	FL	
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 REGISTERED AGENT MUST SIGN Date 11-6-07									
11. 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 filling 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.									