


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J49439**

1. Corporation Name

**FINANCIAL INVESTMENT GROUP, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 971758  
MIAMI FL 33197  
US

P.O. BOX 971758  
MIAMI FL 33197  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/30/1986

5. FEI Number

59-2749224

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>P</del>	<del>CAMPOS, CARLOS M</del>	<del>18290 SW 122 ST</del>	<del>MIAMI FL</del>
P.S.D	ROSS M. JOHNSTON	18290 S.W. 122 STREET	MIAMI, FL. 33196
V.T.D	CARLOS M. CAMPOS	18290 S.W. 122 STREET	MIAMI, FL. 33196

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSTON, ROSS M  
6175 NW 163 STREET, SUITE 324  
MIAMI LAKES FL 33044

Name

ROSS M. JOHNSTON

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

18290 S.W. 122 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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. or 617.0505, F.S.

Signature of Registered Agent

*Ross M. Johnston*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

6-4-04

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 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:

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

Date

6-4-04

Daytime Phone #

786-526-9693