

2005 FOR PROFIT CORPORATION REINSTATEMENT

10P3

DOCUMENT # K83648		
1. Entity Name S.B.I. INVESTMENTS, INC.		

05 OCT 11 PM 3:53

Principal Place of Business 28240 SW 157 CT. HOMESTEAD, FL 33033-1240 US	Mailing Address 28240 SW 157 CT. HOMESTEAD, FL 33033-1240 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

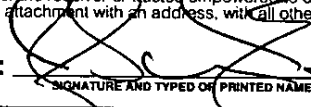


6. Name and Address of Current Registered Agent SCIOLI, JOSEPH F., JR. 28240 SW 157 COURT HOMESTEAD, FL 33033-1240	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE 10/10/05

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCIOLI, JOSEPH F JR 28240 SW 157 CT. HOMESTEAD, FL 330331240 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCIOLI, JOSEPH, F, JR 28240 SW 157 CT. HOMESTEAD, FL 330331240 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000060038420 09/28/05--01031--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000060038420 09/28/05--01031--011 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Joseph F. Scioli, Jr. 9/26/05 305-796-4115

4/26/05

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Joseph F. Sciolò, Jr

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO REQUEST THAT LATE FEES BE
WAIVED AS I WAS IN THE HOSPITAL IN
2002, 2003, 2004, AND 2005, DURING VARIOUS
OCCASIONS AND DID NOT EXPECT TO SURVIVE.
I AM NOW HEALTHY AND WOULD LIKE TO
ENGAGE IN BUSINESS AGAIN. THANK YOU
IN ADVANCE FOR HELP IN THIS MATTER.

Sincerely,

Joseph F. Sciolò, Jr.

305-796-4115

SEE ATTACHED LETTER

P.S. - AS OF 10-2002, I AM NO LONGER
LOCATED AT 25400 SW 140 AVE.

10/10/05

3 of 3

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO CERTIFY THAT I DID NOT RECEIVE MY ANNUAL REPORT NOTICE FOR THIS CORPORATION. I HEREBY REQUEST THAT THE FEES BE WAIVED.

THANK YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

Joseph F. Seidli, Jr.

