1 of 3

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K83648

1. Entity Name
S.B.I. INVESTMENTS, INC.

05 OCT 11 PM 3:53

Principal Place of Business	Mailing Address
28240 SW 157 CT. HOMESTEAD, FL 33033-1240 US	28240 SW 157 CT. HOMESTEAD, FL 33033-1240 US

REINSTATEMENT CR2E098 (6/04) 05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0115583 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCIOLI, JOSEPH F., JR. 28240 SW 157 COURT HOMESTEAD, FL 33033-1240	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 ______ 10/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☐ Change ☐ Addition 000060038420 09/28/05--01031--010 **150.00
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	☐ Change ☐ Addition 000060038420 09/28/05--01031--011 **8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/26/05

2083

Joseph F. Scidi, 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 buisness again. Thank you in advance for help in this matter.

Sincerely

Joseph F. Scidi, 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

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO CERTIFY THAT I DID NOT RECEIVE MY ANNUAL REPORT NOTICE FOR THIS CORPORATION. I HEREBY REQUES THAT THE FEE(S) BE WAIVED.
THANK YOU IN ACUANCE FOR YOUR COOPERATION IN THIS MATTER.

JOSEPH F. SCIDI, JR.