


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000027003		
1. Entity Name VIGOR INVESTMENTS GROUP, LLC		

Principal Place of Business 8421 N.W. 140TH STREET, UNIT 3505 MIAMI LAKES, FL 33016	Mailing Address 8421 N.W. 140TH STREET, UNIT 3505 MIAMI LAKES, FL 33016
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2. Principal Place of Business	3. Mailing Address 6043 NW 167th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT A-15
City & State	City & State Miami FL
Zip	Zip 33015
Country	Country

05 MAR 30 AM 11:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02252005 REIN-LLC CR2E101 (6/04)

4. FEI Number

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALFONSO, JOSE J 8421 N.W. 140TH STREET, UNIT 3505 MIAMI LAKES, FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR JOSE J. ALFONSO 6043 N.W. 167th Street, Unit A-15 Miami, FL 33015		500049737285 04/04/05--01003--026 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #