

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 4:33

DOCUMENT # L73032

1. Corporation Name

MODEL INVESTMENTS, INC.

000004547540--7
-08/21/01--01073--011
***1058.75 ***1058.75

2. Principal Office Address

1032 26th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1032 26th Street

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

PALM BEACH

Zip

33407

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/10/90

5. FEI Number

65-0247749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rosario Salvatore Raimondi

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

1032 26th Street

Suite, Apt. #, Etc.

City

West Palm Beach,

900.00-Adm

61.25-AR

88.75-ARsupp

8.75-Cert

State
FL

Zip Code
33407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date 8/2/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Rosario Salvatore Raimondi	1032 26th Street	W. Palm Beach, FL 33407
-A-	Robert Adler	5722 Dewberry Way	W. Palm Bch, FL 33415
S	Ann Calabro-Raimondi	1032 26th Street	W. Palm Bch, FL 33407

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/01

Daytime Phone #

CR2E001 (9/00)