H00000011311

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE  Secretary of State		;		
REINSTATEMENT		DIVISION OF CORPORATIONS			FILED	
DOCUMENT # P00000025987 1. Corporation Name				04 FEB -6 PM 3: 08		
R.G. Investment Holdings Inc.				LUNE LANY OF SIGN		
					FALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address						
					3. Date Incorporated or Qualified 3a. Date of Last Report	
					3/9/2000	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21 155 Ocean Lane Drive #1001		26 155 Ocean Lane Drive #1001		1001	52-2223493   Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State			ree required	
23 Key Biscayne FL		28 Key Biscayne FL			6. Election Campaign Financing Trust Fund Contribution Solution \$5.00 May Be Added to Fees	
Zip	County Zip County				8. This corporation has liability for intangible tax under	
24 33149	25 DADE	29 33149	30 DAD	E	s. 199.032, Florida Statutes Yes No	
9. Name and Address of Current Registered Agent				T	10. Name and Address of New Registered Agent	
			81	Name Lizabeth F.	. Calvo	
Lizabeth F. Calvo 328 Crandon Boulevard			82	82 Street Address (P.O. Box Number is Not Acceptable)		
Suite 226		328 Crandon I		on Boulevard		
Key Biscayne, FL 33149			83	83 Suite 226		
84 City Key Biscayne						
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familia	with, and accept the obligations	of, Section 607.0505, Flo	orida Statu IA-as	tes.	fad for 1 roboth Calvo 2/5/04	
SIGNATURE Sign	ature, typed or printed name of registered				signature required when reinstating) DATE	
TITLE	J OFFICERS AND DIRECTOR	CTORS DELETE	13.		ΠΟΝS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change ☐ Addition	
NAME	MALVISI, RICARDO		1.1 111L		100029936801	
STREET ADDRESS	155 Ocean Lane Drive #100 Key Biscayne, FL 33149	1		ET ADDRESS	03/05/0401011036 ***900.00	
CITY-ST-ZIP TITLE	DIRECTOR	DELETE	1.4 CITY 2.1 TITL	<del></del>	Change Addition	
NAME	MALVISI, GLORIA NORMA . 2.2 N		2.2 NAM	I .		
STREET ADDRESS CITY-ST-ZIP			2.3 STRE 2.4 CITY	ET ADDRESS		
TITLE	Rev Biscavile. FL 33149	DELETE	3.1 TITL		Change Addition	
NAME		_	3.2 NAM	I .		
STREET ADDRESS CITY-ST-ZIP			3.3 STRE 3.4 CITY	EET ADDRESS   -ST-ZIP		
TITLE		DELETE	4,1 TITL		Change Addition	
NAME			4.2 NAM			
STREET ADDRESS CITY-ST-ZIP			4.3 STRE 4.4 CITY	ET ADDRESS -ST-ZIP		
TTTLE		DELETE	5.1 TITL	E	Change Addition	
NAME STREET ADDRESS			5.2 NAM	EET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITL		Change Addition	
NAME STREET ADDRESS			6.2 NAM 6.3 STRI	EET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		
14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.						
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date						