

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 21 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039960

1. Corporation Name

ATCKY INVESTMENT GROUP, INC.
13401 SW 184 ST
MIAMI, FL 33177

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/2000

5. FEI Number

65-1068770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Yes, for information only
(not for filing)

7. Name and Address of Current Registered Agent

Name

ROBERTO MARTINEZ-RUIZ

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

13401 S.W. 184 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/19/04

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
P	ROBERTO MARTINEZ-RUIZ	13401 SW 184 ST	MIAMI, FL 33177
VP	ROBERTO MARTINEZ-RUIZ	13401 SW 184 ST	MIAMI FL 33177

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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

ROBERTO MARTINEZ-RUIZ

Date

5/19/04

Daytime Phone #

305-252-2609