

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000071988

Entity Name: FC INVESTMENT GROUP, INC.

FILED
Sep 21, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 7188
PORT SAINT LUCIE, FL 34985

New Principal Place of Business:

1825 PONCE DE LEON BLVD
213
CORAL GABLES, FL 33134 US

Current Mailing Address:

% ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DR., #700
COCONUT GROVE, FL 33133

New Mailing Address:

1825 PONCE DE LEON BLVD
213
CORAL GABLES, FL 33134 US

FEI Number: 65-1027428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, #700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RONIEL RODRIGUEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TIRADO, DARIO
Address: 1 ALHAMBRA PLAZA, STE. 725
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD () Delete
Name: TIRADO, NATALIA
Address: 1 ALHAMBRA PLAZA, STE. 725
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD () Delete
Name: TIRADO, JUAN A
Address: 1 ALHAMBRA PLAZA, STE. 725
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIA TIRADO

VSD

09/21/2006

Electronic Signature of Signing Officer or Director

Date