

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 30 AM 11:19

DOCUMENT # P01000024251

1. Corporation Name

UMI INVESTMENTS INC.

2. Principal Office Address - No P.O. Box #

1600 PONCE DE LEON BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE: 1204

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33134

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2001

5. FEI Number

65-1099483

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

JOSE L. BLANCO, SR.

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

1600 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

STE: 1204

City

CORAL GABLES

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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
PST/D	JOSE L. BLANCO, SR.	1600 PONCE DE LEON BLVD. STE: 1204	CORAL GABLES, FL 33134
VP/D	MARK BLANCO	1600 PONCE DE LEON BLVD. STE: 1204	CORAL GABLES, FL 33134
VP/D	JOSE L. BLANCO, JR	1600 PONCE DE LEON BLVD. STE: 1204	CORAL GABLES, FL 33134

10. E-mail Address:

(To be used for future annual report notification)

11. 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. Further, 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

Date

Daytime Phone #