

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000087396

1. Corporation Name

4000 Investments, Inc.

2. Principal Office Address

4000 Granada Boulevard

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33146

Country

USA

3. Mailing Office Address

4000 Granada Boulevard

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33146

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 12 AM 10:02

500022241085
08/12/03--01022--024 **900.00

500022241085
08/12/03--01022--025 **8.75

REINSTATEMENT 0203

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2001

5. FEI Number

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

Juan Daniel Fernandez

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

930 Aguero Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

Juan Daniel Fernandez

Date

8-4-03

REGISTERED AGENT MUST SIGN

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
PD	Juan Daniel Fernandez	930 Aguero Avenue	Coral Gables, FL 33146

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Juan Daniel Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-4-03

Daytime Phone #

CR2E081 (10/02)