PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000091033**

1. Corporation Name

NATIONS INVESTMENTS CORP.

Principal Place of Business	Mailing Address
1710 SW 99 AVE MIAMI FL 33165 US	P O BOX 558142 MIAMI FL 33255 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/17/2001

5. FEI Number: 42-1544094 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PANIAGUA, JOSE	1710 SW 99 AVE	MIAMI FL 33165

800023862928
10/16/03--01084--020 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PANIAGUA, JOSE 1710 SW 99 AVE MIAMI FL 33165	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/13/03

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 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: SIGNATURE REQUIRED JOSE PANIAGUA — 10/13/03 — 786 4433553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/13/03.

TO FLORIDA DEPARTMENT OF STATE:

FROM NATIONS INVESTMENT CORP.

THE REASON FOR YOU NOT RECEIVED ~~THE~~ CHECK IN TIME WAS, THAT I DID. THE ~~UNDER~~ CHECK UNDER THE NAME OF. FLORIDA DEPARTMENT OF REVENUE, THAT WAS MY MISTAKE, ALSO I DID NOT RECEIVE THE NOTIFICATION OF THIS, PLEASE WILL YOU EXCUSE ME AND REINSTALL THE CORPORATION. FOR ME, ~~IT~~ WILL SEND YOU THE $150.00 AND A COPY OF THE ORIGINAL CHECK, THAT I DID BY MISTAKE

JOSE PANIAGUA.

10/13/03.

PHONE 7864433553.

NOTE: I DID NOT RECEIVED THE SECOND NOTICE, THAS WHY I DIDN'T KNOW ABOUT THIS PAYMENT.

NATIONS INVESTMENTS CORP.
P. O. BOX 558142
MIAMI, FL 33255

227451-7

1100

04/21/03
DATE

63-643/670
BRANCH 003

PAY TO THE ORDER OF Florida Department of Revenue $ 150.00

ONE HUNDRED FIFTY 00/100 DOLLARS

FIRST UNION
First Union National Bank
firstunion.com
Org. 003 R/T 067006432

FOR EIN #42-1544094

⑆067006432⑆ 2090000918980⑈ 1100 ⑆000001 5000⑆