



2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|---------------------|---------|---|---|-------------------------------|--|
| DOCUMENT # P01000117709 1. Entity Name MIAMI-DADE INVESTMENTS CORPORATION | | | |  | | 05 OCT 23 10:50 | |
| Principal Place of Business 3198 SOUTH DIXIE HIGHWAY MIAMI, FL 33133 | | | | Mailing Address 3198 SOUTH DIXIE HIGHWAY MIAMI, FL 33133 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  REINSTATEMENT 06 <small>10162006 REIN-P CRZE098 (11/05)</small> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 43-1950508 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| BOULOS, JAMES 3198 SOUTH DIXIE HIGHWAY MIAMI, FL 33133 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | FL Zip Code | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOULOS, JAMES 3198 SOUTH DIXIE HIGHWAY MIAMI, FL 33133 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600081117388 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/23/06--01042--018 **750.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BOULOS, VICTOR JR 3198 SOUTH DIXIE HIGHWAY MIAMI, FL 33133 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BOULOS, MARIO 3198 SOUTH DIXIE HIGHWAY MIAMI, FL 33133 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BOULOS, RICHARD 3198 SOUTH DIXIE HIGHWAY MIAMI, FL 33133 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 10/18/06 Daytime Phone # _____ | | | |