

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000010412**

1. Corporation Name

FSI INVESTMENT GROUP INC.

Principal Place of Business

**561 HOLLY LN
PLANTATION FL 33317**

Mailing Address

**561 HOLLY LN
PLANTATION FL 33317**

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

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

01/30/2002

5. FEI Number

01-0586531

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	EDOUARD, FRANTZ I	561 HOLLY LN	PLANTATION FL 33317
V	EDOUARD, INGRID	561 HOLLY LN	PLANTATION FL 33317

300024056003
10/23/03 01003 000 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**EDOUARD, FRANTZ I
561 HOLLY LN
PLANTATION FL FL 33317**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/17/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frantz Edouard **10/17/03** **(954) 5843625**

Date

Daytime Phone #

FILED

03 OCT 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

FSI
INVESTMENT
GROUP INC.

561 Holly LN.
Plantation Florida 33317

Phone: (954) 584-1229
Fax: (954) 584-0376
Email: frantzfsi@aol.com

October 17, 2003

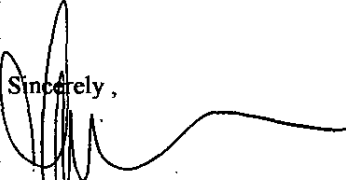
RE : Reinstatement

TO : FLORIDA DEPARTEMENT OF STATE

FROM: Frantz Edouard

This letter is to inform you that I did not receive the Uniform Business Report (UBR) notices for this year and therefore I am requesting the reinstatement fee to be waived. Enclosed is a check in the amount of \$150.00 to file the report. I thank you in advance .

Sincerely ,



Frantz Edouard

FSI Investment President