

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 10 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024388**

1. Corporation Name

M3J Investments Group, Inc.

2. Principal Office Address

12354 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

3. Mailing Office Address

12354 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33184

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/02

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Antonio R. Perez

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

417 W. Sugarland Highway

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

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

Date **04/22/04**

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	Uribe, Margarita	12354 SW 8th Street	Miami, FL 33184
SD	Uribe, Ana	12354 SW 8th Street	Miami, FL 33184
TD	Piedrahita, Paula	12354 SW 8th Street	Miami, FL 33184

10. 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:

Ana Uribe

04/22/04

863-983-5338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)