

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2 0000SD456

1. Corporation Name

SEGROB F.A. INVESTMENTS, INC

2. Principal Office Address

99 N.W. 38 St.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33127

Country

3. Mailing Office Address

P.O. Box 371121

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33127

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

38-3650290

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

LUZ M. BORGES

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

99 N.W. 38 St.

Suite, Apt. #, Etc.

MIAMI FL

City

MIAMI

State

FL

Zip Code

33127

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/09/04

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
P/D	BORGES, LUZ M	99 N.W. 38 St.	MIAMI, FL 33127

900032622109
04/13/04-01081-022 **750.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUZ M. BORGES
DIRECTOR

Date

04/09/04 (305) 205-0842

Daytime Phone #

CR2E081 (10/02)