


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P020000990000</u>			
1. Corporation Name <u>Rodriguez Investment Group, INC.</u>			
2. Principal Office Address <u>6420 SW 158 PASS</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>6420 SW 158 PASS</u> Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33193</u>	Country <u>US</u>	Zip <u>33193</u>	Country <u>US</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>9/10/02</u>		5. FEI Number <u>75-3129795</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name <u>Adrian Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>6420 SW 158 PASS</u> Suite, Apt. #, Etc. <u>MIAMI</u>		900026859579 01/13/04--01073--003 **150.00 900026859579 02/16/04--01028--010 **30.00 03/03/04 01013 015 **130.00	
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 <u>[Signature]</u> Date <u>1/07/04</u> 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
P	Jorge L Rodriguez	6420 SW 158 PASS	MIAMI FL 33193
VP	Adrian Rodriguez	6420 SW 158 PASS	MIAMI FL 33193
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: <u>[Signature]</u> <u>Adrian Rodriguez</u>		Date <u>01/07/04</u> Daytime Phone # <u>3053459020</u>	

FILED

04 FEB 26 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

900026859579  
01/13/04--01073--003 \*\*150.00

900026859579  
02/16/04--01028--010 \*\*30.00

4. Date Incorporated or Qualified To Do Business in Florida 9/10/02

5. FEI Number 75-3129795

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

7. Name and Address of Current Registered Agent

Name  
Adrian Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
6420 SW 158 PASS  
Suite, Apt. #, Etc.  
MIAMI

State  
FL  
Zip Code  
33193

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]

Date 1/07/04

REGISTERED AGENT MUST SIGN

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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SIGNATURE:

[Signature] Adrian Rodriguez

Date 01/07/04

Daytime Phone # 3053459020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

RODRIGUEZ INVESTMENT GROUP, INC

January 7, 2004

Dept of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please use this letter as our formal request to reinstate our corporation and have the reinstatement fee waived due to the fact that the annual report was not received in our mailing address. If you have any questions, please feel free to contact us at (305)345-9020

Sincerely,



Adianez Rodriguez  
Vice President

