

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 NOV -7 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OB 05 Ri.*

CR2E081 (8/05)

**DOCUMENT # P02000115740**

**1. Corporation Name**

GROUP FAMILY INVESTMENT, INC.

**2. Principal Office Address**

1500 SW 6TH AVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip  
33315

Country  
USA

**3. Mailing Office Address**

19545 SEDGEFIELD TER

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip  
33498

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/28/02

**5. FEI Number**

51-0450502

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

LEGAGNEUR & ASSOCIATES

Street Address (P.O. Box Numbers Not Acceptable)

19545 SEDGEFIELD TERRACE

Suite, Apt. #, Etc.

City

BOCA RATON

State  
FL

Zip Code  
33498

200061221062  
11/07/05--01064--023 \*\*1090.00

**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

REGISTERED AGENT MUST SIGN

Date

10/20/05

**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
PRES	YVES CLEDOR	1500 SW 6TH AVE	FORT LAUDERDALE FL 33315
SECRETARY	JUSLENE LOUISSEIZE	7 PAULDING ST #2 A	ELMSFORD NY 10523

*[Handwritten signature]*  
11/18

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yves Cledor*

YVES CLEDOR

Date

10/20/05

Daytime Phone #