

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 # P02000122275

1. Corporation Name

S.D.R. INVESTMENTS, INC.

FILED
03 DEC 12 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3933 ADRA AVENUE
MIAMI FL 33178

3933 ADRA AVENUE
MIAMI FL 33178



600024489046

11/06/03--01050--009 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2002

Suite, Apt. #, etc.

2113 NE 62 COURT

Suite, Apt. #, etc.

2113 NE 62 COURT

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

5. FEI Number

11-3664510

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

P

MIRO QUESADA, DENISE C

3

Street Address of Each
Officer and/or Director

3933 ADRA AVENUE

4

City / State / Zip

MIAMI FL 33178

T

ZOLTOSKI, SUSANA L

2113 NE 62 COURT

FT. LAUDERDALE FL 33308

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

ZOLTOSKI, SUSANA L

2113 NE 62 COURT

FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

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

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

Date

Daytime Phone #

CR2E040 (7/03)

November 3, 2003

State of Florida
Department of State,
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: S.D.R. Investments, Inc.
3933 Adra Avenue
Miami, FL 33178
Doc. #P02000122275

To Whom It May Concern:

I have received the Application for Reinstatement for the above named corporation. I am writing because the corporation was administratively dissolved for failure to file the Corp. Annual Report by its due date. It was not my intention not to file this report but I was not in receipt of the earlier forms. The address on the form belongs to the other officer who has been out of the country and was not aware of the forms that might have been delivered to her address. If you could reinstate this corporation and accept my check for 150 it would be greatly appreciated, as the cost of reinstatement would cause an undue hardship. I have also changed the mailing address so that I may receive future applications and so this will not occur again in the near future.

Thank you for your help in this matter.

Sincerely,

Susana L Zoltoski
