

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -3 AM 10:45

DOCUMENT # P02000130956

1. Corporation Name

C.I.G. PROPERTIES CORP.

2. Principal Office Address  
6208 SW 8TH STREET

Suite, Apt. #, etc.

City & State  
WEST MIAMI, FL.

Zip  
33144

Country  
U.S.A.

3. Mailing Office Address  
6208 SW 8TH STREET

Suite, Apt. #, etc.

City & State  
WEST MIAMI, FL.

Zip  
33144

Country  
U.S.A.

**REINSTATEMENT** 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida 12/12/2002

5. FEI Number

☒ 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  
MAX F. CORZO

Street Address (P.O. Box Number is Not Acceptable)  
6208 SW 8TH STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL Zip Code  
33144

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 02/26/05

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
PRES	MAX F. CORZO	6208 SW 8TH STREET	WEST MIAMI, FL. 33144
VP	LUISA F. CORZO	6208 SW 8TH STREET	WEST MIAMI, FL. 33144
			100048160951 03/11/05--01002--007 **\$450.00

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:

MAX F. CORZO

02/26/05

(305) 269-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

February 26, 2005

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Fl. 32314

Ref.: Document Number: P02000130956

Dear Sirs,

The purpose of this letter is to apply for your understanding to get reinstated my Corporation, which I have just noted that appears dissolved.

Investigating on this matter I have known that all Corporations should file and pay an Annual Report every year after created before May 1, each year and that to that effect your Division uses to send an advise accordingly.

Please be advised that I have not received any advise regarding that and consequently that is the reason for which my corporation has been dissolved.

Would you please accept the attached check covering fee dues for the years elapsed since 2003 with my special request for you to accept it and to abate any penalty taking into consideration that had I received your advises I would file and pay fee in due time. To let you to reinstate my Corporation, please find attached relevant form.

Thanks for your kind cooperation.

Sincerely,

Max R. Corzo  
President