


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL 29 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 2005 AR	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PD3000002150

1. Corporation Name

JG South Florida Investment Corp.

2. Principal Office Address

c/o 1500 San Remo Ave

3. Mailing Office Address

c/o 1500 San Remo Ave

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0320664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

4/27/05 90347 028 150.00

7. Name and Address of Current Registered Agent

Name

Pablo R. Bared, Esq., Bared and Assoc., PA

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 103

City

Coral Gables,

State

FL

Zip Code

33146

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 7/25/05

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
DP	Jesus Galdos Colon	1500 San Remo Ave #103	Coral Gables, FL 33146
T	Ignacio J. Galdos Colon	1500 San Remo Ave #103	Coral Gables, FL 33146
VP	Luisa C. Abreu	1500 San Remo Ave #103	Coral Gables, FL 33146
S	Ivan Morales Colon	1500 San Remo Ave #103	Coral Gables, FL 33146

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:

J Galdos

Jesus Galdos

7/25/05

305-666-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

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