2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000008885

Entity Name: OLIVA INVESTMENT GROUP, INC.

FILED Nov 30, 2009 Secretary of State

Current Principal Place of Business: New Principal	Place of Business:
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2600 CARDENA STREET 2600 CARDENA STREET

15 #15

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

P.O. BOX 141128

CORAL GABLES, FL 33114 US

FEI Number: 35-2193767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLIVA, ALFREDO JR
2600 CARDENA STREET
15
CORAL GABLES, FL 33134 US

OLIVA, ALFREDO JR
2600 CARDENA STREET
#15
CORAL GABLES, FL 33134 US

OLIVA, ALFREDO JR
2600 CARDENA STREET
#15
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALFREDO OLIVA, JR 11/30/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 OLIVA, ALFREDO JR
 Name:

 Address:
 2600 CARDENA STREET #15
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134 US
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 OLIVA, ALFREDO JR
 Name:

 Address:
 2600 CARDENA STREET # 15
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO OLIVA, JR P 11/30/2009