
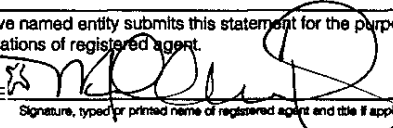



# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000037892</b>					
<b>1. Entity Name</b> SELBA INVESTMENTS, INC.					
<b>Principal Place of Business</b> 1300 BRICKELL AVENUE MIAMI, FL 33131			<b>Mailing Address</b> 1300 BRICKELL AVENUE MIAMI, FL 33131		
<b>2. Principal Place of Business</b> c/o Santiago Steed		<b>3. Mailing Address</b> c/o Santiago Steed			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> Emp: 20-1787742	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SANCHEZ, MILAGROS A 1300 BRICKELL AVENUE MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE:  DATE: 10-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SANCHEZ, MILAGROS A <input type="checkbox"/> Delete 1300 BRICKELL AVENUE MIAMI, FL 33131		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			10/25/04 (305) 351-1000 <small>Date Daytime Phone #</small>		

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

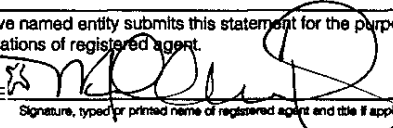


10252004 REIN-P CR2E098 (6/04)

**4. FEI Number**  
Emp: 20-1787742 ☒ Applied For ☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**


**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**  
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**SIGNATURE:**  10/25/04 (305) 351-1000  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #