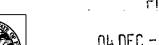
2004 FOR PROFIT CORPORATION REINSTATEMENT DOCUMENT # P03000136872



01. DEC -2 AM 8: 25

FERRER INVESTMENT, CORP.				SECRETARY OF S TALLAHASSEE, FLC	TATE	
Principal Place of Business		Mailing Address		IALLAHADDEC, FLX	MUA	
9455 COLLINS AVENUE SUITE 402 MIAMI BEACH, FL 33154		9455 COLLINS AVENUE SUITE 402 MIAMI BEACH, FL 33154		ENSTATEMENT		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt.,#, etc		Suite, Apt. #, etc.		10262004,REIN-P	98 (6/04)	
City & State		City & State		4. FEI Number 20 - 0406853	Applied For Not Applicable	
Zip	Country	. Zip	Country		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent	N	7. Name and Address of New Registered Ag	jent	
FERRER, YOLANDA G			Name	, Name		
9455 COLL	LINS AVENUE SUITE 402 ACH, FL 33154	·	Street Address	eet 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. SIGNATURE / Plans / Level / 10/26/64						
SIGNATURE Signal re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND [DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FERRER, YOLANDA G 9455 COLLINS AVENUE SUITE MIAMI BEACH, FL 33154	402	NAME STREET ADDRESS CITY-ST-ZIP	12/02/04-01811-203	- **I50.00	
TITLE NAME		☐ Delete	TITLÉ NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	•		NAME		· ·	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME		,	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
12. I hereby of indicated of the cor	Lertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	owered to execute this report a	the exemption stated in the signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certi- ie same legal effect as if made under oath; that I ar 307, Florida Statutes; and that my name appears in	ly that the information n an officer or director Block 10 or Block 11 if	