

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2007 JAN 11 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800084725838  
01/17/07--01012--028 \*\*300.00

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000056263

1. Corporation Name

SIAPERM INVESTMENTS, INC.

2. Principal Office Address

8210 NW 199th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip  
33015

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/2004

5. FEI Number

02-3314561

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

Anthony Peters

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

8210 NW 199th Street

Suite, Apt. #, Etc.

City  
Hialeah

State  
FL

Zip Code  
33015

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

*Apeters*

Date

01-07-07

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
P	Anthony Peters	8210 NW 199th Street	Hialeah, FL 33015
VP	Robert Peters	8210 NW 199th Street	Hialeah, FL 33015

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 contained in Chapter 119, 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:

*Apeters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-07-07

Daytime Phone #

786 290 6925

*psgerwz*

Dept. of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE P04000056263, SIAPERM INVESTMENTS, INC..

Dear Sir / Madam:

I did not receive an annual report because I have a new address. I was instructed by a representative from Dept. of State to sent a corporation reinstatement form with the fee of \$150.00 with the new address and another \$150.00 for this years annual report fee. Total fee enclosed is \$300.00.

*Apeters*  
Thank you  
Anthony Peters