

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 16 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000069614

1. Entity Name
TDG INVESTMENTS INC.



Principal Place of Business
17801 NW 2ND AVE SUITE 217B
MIAMI, FL 33169

Mailing Address
17801 NW 2ND AVE SUITE 217B
MIAMI, FL 33169

REINSTATEMENT 0506

2. Principal Place of Business
1307 PERI ST
Suite, Apt. #, etc.

3. Mailing Address
1307 PERI ST
Suite, Apt. #, etc.



64102006 REIN-P CR2E098 (11/05)

City & State
Opa locka, FL
Zip
33054
Country
DADE

City & State
Opa locka, FL
Zip
33054
Country
DADE

4. FEI Number
20-1075274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOSIER, TERRY
1551 PENNSYLVANIA AVE #104
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
GOSIER, TERRY D.

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

1307 PERI ST

City Opa locka

FL

Zip Code
33054

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

(NOTE: Registered Agent signature required when reinstating)

10-12-06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS
CITY-ST-ZIP 17801 NW 2ND AVE SUITE 217B
MIAMI, FL 33169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P
STREET ADDRESS
CITY-ST-ZIP TERRY D. GOSIER
1307 PERI ST
Opa locka, FL 33054 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-06

Date

Daytime Phone #