2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000087157

Address:

City-St-Zip:

4001 SW 152 PLACE

MIAMI, FL 33185

FILED Nov 09, 2009 Secretary of State

Entity Name: SAEZ INVESTMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 2678 NW 112 AVE MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 2678 NW 112 AVE MIAMI, FL 33172 FEI Number: 20-1201717 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: SAEZ, JOSE 2678 NW 112 AVE MIAMI, FL 33172 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: JOSE SAEZ 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: () Delete () Change () Addition SAEZ, JOSE Name: Name: 6365 COLLINS AVE, # 2802 Address: Address: City-St-Zip: MIAMI BEACH, FL 331414621 City-St-Zip: Title: **VPD** Title: () Delete () Change () Addition SAEZ, DORA Name: Name: 6365 COLLINS AVE, # 2802 Address: Address: MIAMI BEACH, FL 331414621 City-St-Zip: City-St-Zip: Title: Title: DT () Delete () Change () Addition SAEZ, MARIA A Name: Name: 15281 SW 30 TERR Address: Address: City-St-Zip: MIAMI, FL 33185 City-St-Zip: Title: () Delete Title: () Change () Addition SAEZ, ANDRES G Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOSE SAEZ PD 11/09/2009