

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000092476**

1. Corporation Name

STECHRISDAN INVESTMENT GROUP, INC.

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
16416 Ruby Lake

3. Mailing Office Address
16416 Ruby Lake

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston, FL

Zip
33326

Country
US

Zip
33326

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

June 16, 2004

5. FEI Number

☒ 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
Jose C. Marrero, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1820 N. Corporate Lakes Blvd.

Suite, Apt. #, Etc.
Suite 304

City
Weston

State Zip Code
FL 33326

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

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	Gloria Ocampo	16416 Ruby Lake	Weston, FL 33326
VP	Adriana Burgos	16416 Ruby Lake	Weston, FL 33326

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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:

Adriana M. Burgos Vice-President

Date

Daytime Phone #

11-21-07 (954) 217-1907