

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 APR 22 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000128378

1. Corporation Name

CI BUSINESS & INVESTMENT CORP.

2. Principal Office Address - No P.O. Box #

9020 SW 125 AVE

Suite, Apt. #, etc.

207F

City & State

MIAMI

Zip

33186

Country

USA

3. Mailing Office Address

9020 SW 125 AVE

Suite, Apt. #, etc.

207F

City & State

MIAMI

Zip

33186

Country

USA

REINSTATEMENT 06-08<sup>KS</sup>

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/2004

5. FEI Number  
76-0780140

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

LILIANA BOSCH

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

9020 SW 125 AVE

Suite, Apt. #, Etc.

207F

City

MIAMI

State

FL

Zip Code

33186

☒ 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 04/17/2008

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD     | CARLOS H INSFRAN                     | 9020 SW 125 AVE NO. 207F                          | MIAMI, FL 33186    |
| VDS    | LILIANA BOSCH                        | 9020 SW 125 AVE NO. 207F                          | MIAMI, FL 33186    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-2008 (305) 275-0477

Date

Daytime Phone #