

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB -2 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000145399

1. Corporation Name

PUT GOD 1ST INVESTMENT, INC.

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

919 4th Street

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

919 4th Street

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/2004

5. FEI Number
203819792

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07-09

7. Name and Address of Current Registered Agent

Name
Steven M. Rosen, Esq.

Street Address (P.O. Box Number is Not Acceptable)
5601 Biscayne Boulevard

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33137

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 01/23/2009

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/D	Teenear Lucas	919 4th Street	Miami Beach, Florida 33139
S/D	Ted Lucas	919 4th Street	Miami Beach, Florida 33139
	<i>Mark</i>		

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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 filling 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:

Teenear Lucas

Teenear Lucas

S1/23/2009

305-898-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #