

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000152875

1. Corporation Name

VELEZ INVESTMENTS CORPORATION

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

1111 CRANDON BLVD.

3. Mailing Office Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

APT. B1001

Suite, Apt. #, etc.

SUITE 240

City & State

KEY BISCAYNE, FL

City & State

CORAL GABLES, FL

Zip

33149

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/2004

5. FEI Number

20-1844254

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

PRATS FERNANDEZ & CO, PA.

2121 PONCE DE LEON BLVD

SUITE 240

CORAL GABLES

State

FL

Zip Code

33134

☒ 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.

000103611860
05/31/07--01032--015 **450.00

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

Prats Fernandez & Co.
REGISTERED AGENT MUST SIGN

Date **4/13/2007**

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
D	LEONARDO VELEZ-CHAVERRA	1111 CRANDON BLVD APT. B1001	KEY BISCAYNE, FL. 33149
D	LUZ MARINA MARIN	1111 CRANDON BLVD APT. B1001	KEY BISCAYNE, FL. 33149
D	ALEJANDRO VELEZ-MARIN	1111 CRANDON BLVD APT. B1001	KEY BISCAYNE, FL. 33149

REINSTATEMENT

05-07 B S/21/07

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:

Leonardo Velez Chaverra

LEONARDO VELEZ CHAVERRA 4/13/2007

305-444-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #