PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 19 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000159684

1. Corporation Name
10997 PROJECT, INC.

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11550 SW 97 AVENUE	P.O. BOX 163200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33176 Country: USA	Zip: 33116 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11-23-2004

5. FEI Number: 26-0279452 ☐ 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: AMADO EGUED

Street Address (P.O. Box Number is Not Acceptable): 11550 SW 97 AVENUE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33176

☐ 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: _____ REGISTERED AGENT MUST SIGN Date: 6/1/07

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	SIGLER INVESTMENT, INC.	P.O. BOX 163200	MIAMI, FL 33116
D	LEONEL DIAZ	7776 NW 169 ST	MIAMI LAKES, FL 33016

700104055297
06/07/07--01041--006 **1050.00

6/19

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: _____ PRESIDENT 6/1/07 7863679814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGLER INVESTMENTS INC JOSE I. SIGLER
Date Daytime Phone #

SIGLER INVESTMENTS, INC.

P.O. BOX 163200
Miami , Florida 33116-3200
Phone-786-367-9814
Fax- 786-242-8803

JUNE 13TH, 2007

ATTN: TINA D. CARTER

**I JOSE I. SIGLER, AM THE PRESIDENT OF SIGLER INVESTMENTS, INC.,
MY ADDRESS IS: 10811 NW 18 STREET, PEMBROKE PINES, FLORIDA 33026
IF YOU HAVE ANY OTHER QUESTIONS PLEASE FEEL FREE TO CALL.**

BEST REGARDS,

JOSE I. SIGLER