

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000166337

1. Corporation Name

CEVER INVESTMENTS CORPORATION

100159737861
08/19/09--01037--005 **1050.00

REINSTATEMENT 07-09

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

791 CRANDON BLVD

3. Mailing Office Address

791 CRANDON BLVD

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

KEY BISCAVNE, FLORIDA

City & State

KEY BISCAVNE, FLORIDA

Zip

33149-2201

Country

USA

Zip

33149-2201

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/04

5. FEI Number
20-1978885

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

CESAR VERDES

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

791 CRANDON BLVD

Suite, Apt. #, Etc.

208

City

MIAMI

State

FL

Zip Code

33149-2201

☒ 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 8/18/2009

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
PRES	CESAR VERDES	791 CRANDON BLVD SUITE 208	KEY BISCAVNE, FL 33149-2201

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:

CESAR VERDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/2009

Date

305 371-6244

Daytime Phone #