


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000167036		
1. Entity Name MARITIME FINANCIAL INVESTMENTS, INC.		

Principal Place of Business 8951 ALEXANDRA CIRCLE WELLINGTON, FL 33414	Mailing Address 8951 ALEXANDRA CIRCLE WELLINGTON, FL 33414
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2. Principal Place of Business 2500 WEST GATE AVE	3. Mailing Address Suite, Apt. #, etc.
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City & State West Palm Bch	City & State FL
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Zip 33409	Country U.S.	Zip	Country
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6. Name and Address of Current Registered Agent TEJADA, CARMEN A 8951 ALEXANDRA CIRCLE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEJADA, CARMEN A 8951 ALEXANDRA CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080527566 10/09/06--01003--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEJADA, ERIKSON R 8951 ALEXANDRA CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen A. Tejada 10/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN A. TEJADA
K. Eckel OCT 10 2006

FILED
06 OCT -9 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT (11/05) Co

4. FEI Number
59-3792512 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required