PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAR -5 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900242190829
02/07/13--01030--014 **150.00

CR2E081 (11/10)

DOCUMENT # P05000032463

1. Corporation Name

MAGGIE'S INVESTMENT GROUP INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5880 SW 17TH. STREET		5880 SW 17TH. STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33155	USA	33155	USA

4. Date Incorporated or Qualified To Do Business in Florida
03/02/2005

5. FEI Number
20-2505097
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
MAGGIE ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
5880 SW 17T. STREET
Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI	FL	33155

02/07/13 01027 012 $150.00

900242190829
11/28/12--01020--006 **800.00

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 _____ Date 11/12/2012
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	MAGGIE ALVAREZ	5880 SW 17TH. STREET	MIAMI, FL 33155
V	JOSE PALOMO	5880 SW 17TH. STREET	MIAMI, FL 33155

REINSTATEMENT 10-12

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 11/12/2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #