

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 205 0000 7001

1. Corporation Name

Oscorp Investment Group, Inc.

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

1075 NE 89 St

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33138

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-9-05

5. FEI Number

65-1253715

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

OSCAR LONGA

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

1075 NE 89 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33138

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-9-09

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	OSCAR LONGA	1075 NE 89 St	Miami Fl. 33138

REINSTATEMENT

PH

10. E-mail Address:

Oscorpinvestmentgroup@yahoo.com

(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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-9-09 954-254-0451

Daytime Phone #