

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT  
SAME INVESTMENT, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,358.75

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 20 AM 11:25

DOCUMENT # P05000114938

1. Corporation Name

Same Investment, Inc.

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

926 Marina Drive

Suite, Apt. #, etc.

City &amp; State

Weston, Florida

Zip

33327

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

CR2E081 (11/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 08/17/2005

5. FEI Number

☒ Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ceci Koegler

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

926 Marina Drive

Suite, Apt. #, Etc.

City

Weston

State  
FLZip Code  
33327☐ 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

Date

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, D	Ceci Koegler	926 Marina Drive	Weston, Florida 33327

DC 12/20

10. E-mail Address: hberke@loebblock.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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #