

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 APR 17 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000118223

1. Corporation Name

**8TH STREET INVESTMENT, INC.**

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

**44 Palermo Avenue**

Suite, Apt. #, etc.

3. Mailing Office Address

**44 Palermo Avenue**

Suite, Apt. #, etc.

City & State

**Coral Gables, Florida**

City & State

**Coral Gables, Florida**

Zip

**33134**

Country

**US**

Zip

**33134**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida  
08/24/2005

5. FEI Number

**20-3361463**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
NO

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

**RODON AND ANDREU, P.A.**

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

**2222 Ponce de Leon Blvd.**

Suite, Apt. #, Etc.

**Penthouse**

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

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

**Alfred F. Andreu, Esq.**

Date **April 16, 2013**

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
PSD	Reno Eiranova	44 Palermo Avenue	Coral Gables, Florida 33134

**REINSTATEMENT**

**04-13 APR 17, 2013**

**T. SCOTT**

10. E-mail Address: **AANDREU@SRALAW.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., 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:

**Reno Eiranova PSD**

April 16, 2013

305-445-8881

Date

Daytime Phone #