

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000129161

1. Corporation Name

195 INVESTMENTS, INC.

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

3028 NW 13 ST

Suite, Apt. #, etc.

3. Mailing Office Address

3028 NW 13 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33125

Country

U.S.A.

Zip

33125

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

JUAN C ZORRILLA

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

1401 BRICKELL AVENUE, SUITE 570

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

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
DPV	MARIO DE LAS CUEVAS	10300 SW 72ND ST #140	MIAMI, FLORIDA 33173
DTS	EVELIO GARCIA	3028 NW 13 STREET	MIAMI, FLORIDA 33125

10. E-mail Address: **JCZ@ZGOLAW.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

11 SEP 30 PM 3:00

**RECEIVED DATE
FALL 2011**

400212750254
09/30/11--01003--017 **1508.75

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2005

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

9/30/11 01003 017

**FILED
SECRETARY OF
DIVISION OF CORP
11 SEP 30 PM 3:00**