PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 22 PM 12:24

DOCUMENT # P06000007397

1. Limited Liability Company's Name

REGIONS INVESTMENT GROUP, INC.

400183559394
07/22/10--01005--022 **950.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2250 SW 3rd AVE.	2250 SW 3rd AVE.
Suite, Apt. #, etc. STE: 303	Suite, Apt. #, etc. STE: 303
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33129 / Country	Zip 33129 / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/18/2006

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JIMMY GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 2250 SW 3rd AVE.

Suite, Apt. #, Etc.: STE: 303

City: MIAMI State: FL Zip Code: 33129

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P/D	JIMMY GONZALEZ	2250 SW 3rd AVE. STE: 303	MIAMI, FL 33129
		REINSTATEMENT 09-10	

B 7/22/10

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

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 07-19-2010 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager JIMMY GONZALEZ