2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000012266

1. Entity Name
18 CENTURY INVESTMENT CORP

Principal Place of Business	Mailing Address
11236 SW 135 LN MIAMI, FL 33176	11236 SW 135 LN MIAMI, FL 33176

09212007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6622 SW 166 Ct.	6622 SW 166 Ct.
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami Fl, 33193.
Zip: 33193 Country: Dade.	Zip: 33193 Country:

4. FEI Number: 20-4383352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CLAUDINA
11236 SW 135 LN
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Claudina Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 6622 SW 166 Ct.
City: Miami FL Zip Code: 33193.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] DATE: 9/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, CLAUDIA	NAME	
STREET ADDRESS	11236 SW 135 LN	STREET ADDRESS	6622 SW 166 Ct.
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	Miami, Fl. 33193.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	500110054609
STREET ADDRESS		STREET ADDRESS	09/28/07--01033--009 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 9/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/2 W