2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000035532 1. Entity Name CIG INVESTMENT GROUP INC.							FILED 08 APR - 1 AM 9: 27				
Principal Place of Business 17600 SW 85TH AVE. MIAMI, FL 33157			1	Mailing Address 17600 SW 85TH AVE. MIAMI, FL 33157			SE(TALL	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		03312008	REIN-P	CR2E(098 (1/07)		
City & State			(City & State			4. FEI Numb	er		<u>_</u>	plied For t Applicable
Zip	Country			Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	and Address of Current	tered Agent		7. Name and Address of New Registered Agent Name							
FERNANDEZ, GUSTAVO								· ·			
17600 SW 85TH AVE. MIAMI, FL 33157						Street Address (P.O. Box Number is Not Acceptable)					
				\wedge	_::						
						City			FL	Zip Code	j
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 Justice											
Signature Apped of printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE											
Fil	f FEE IS \$300.00					In accordance w corporation did r	rith s. 607. not receive	193(2)(b), leads the prior r	F.S., the notice.		
10.		OFFICERS AND	DIREC		11.		ADDITIONS	/CHANGES TO OFFI	CERS AND		
TITLE NAME	D DEFENANDEZ, GUSTAVO				TITE	- I				☐ Change	Addition
STREET ADDRESS	17600 SV	V 85TH AVE.				EET ADORESS	600121823866 04/02/0801002017 **300.00				
CITY-ST-ZEP TITLE	MIAMI, FI	□ Delete	Ç.M	(-ST-ZIP	U4/U2/U801002017 **300.00 ☐ Change ☐ Addition						
NAME	LJ Desae					Œ	Compte Continue				
STREET ADDRESS CITY-ST-ZIP				STREE CITY-							
TITLE	. Delete ITIL									☐ Change	Addition
NAME Street address						Æ EET ADDRESS					-
CITY-ST-ZIP						r-ST-ZIP	_	A !	ere e	ATER	ודיו
TITLE	ĺ			Delete	TITL		RE	NC.17	4-	Crange	Addition
NAME STREET ADDRESS					NAA Str	EET ADORESS		,	111	10 g	
CITY-ST-ZIP					CITY	r-ST-ZIP) [- 1	
TITLE RAME	<u> </u>			☐ Delete	KAL			`	/	Chéngé	Addition
STREET ADDRESS						EET ADORESS				IY/I	ا سا
CITY-ST-ZEP TITLE				□ Delete	III	Y-ST-ZIP		<u> </u>	/	Change	☐ Addition
NAME	ļ				NAA	Æ		_	/		
STREET ADDRESS CITY-ST-ZIP						EET ADORESS (-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 truster 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 apprecess, with all other like empowered.											
3/31/08											
SIGNATURE: SIGNSFORE AND TYPED OR PROFIED NAME OF SIGNORG OFFICES OR DIRECTOR Date Duydre Profit of											