

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000074394

1. Corporation Name

REMO INVESTMENTS INC

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

14545 SW 95TH LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

3. Mailing Office Address

14545 SW 95TH LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/27/2006

5. FEI Number

20-8901311

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHELINE WOOLLEY

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

14545 SW 95TH LANE

Suite, Apt. #, Etc.

City

MAIMI

State

FL

Zip Code

33186

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Micheline Woolley
REGISTERED AGENT MUST SIGN

Date

11/18/09

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
P	MICHELINE WOOLLEY	14545 SW 95TH LANE	MIAMI, FL 33186

768163898517
11/25/09--01004--013 **450.00

10. E-mail Address: RUOMAKA@YAHOO.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., 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.

SIGNATURE:

Micheline Woolley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/09

Daytime Phone #

1125