

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 25 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000094867

1. Corporation Name

G4 INVESTMENT CORP

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

6932 NW 51 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

6932 NW 51 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

REINSTATEMENT 08-10

700167110497
01/25/10--01050--017 **450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 07/18/2006

5. FEI Number
20-5236496

☐ 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

ELSY OSORIO

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

6932 NW 51 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

☒ 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

ELSY OSORIO

Date 01/20/2010

REGISTERED AGENT MUST SIGN

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	ELSY OSORIO	6932 NW 51 ST	MIAMI, FL 33166
VP	FRANCISCO FAMIGLIETTI	6932 NW 51 ST	MIAMI, FL 33166
D	MARYSABEL VENEGAS	6932 NW 51 ST	MIAMI, FL 33166
D	JOSE LEDEZMA	6932 NW 51 ST	MIAMI, FL 33166

10. E-mail Address: medinaconsulting@gmail.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:

ELSY OSORIO

ELSY OSORIO-PRESIDENT

01/20/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #