

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000097259

1. Entity Name

PEARL INVESTMENT GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 1:25

Principal Place of Business

6956 EDGEWATER DR SUITE 301
ORLANDO, FL 32810

Mailing Address

6956 EDGEWATER DR SUITE 301
ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box #

5505 CORDER RD.

3. Mailing Address

SAME AS BUSINESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008

REIN-P

CR2E098 (1/07)



City & State

ORLANDO FL

City & State

4. FEI Number

20-5455991

Applied For

Not Applicable

Zip

Country

Zip

Country

32810

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOENIG, GARY L

3747 GROOME DRIVE SUITE 301
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Signature]

4-28-08

(Signature, typed or printed name of registered agent, and date if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME OKHAI, VIMAL
STREET ADDRESS 2561 GRASSY POINT DRIVE 115
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D ☐ Delete
NAME HOENIG, GARY L
STREET ADDRESS 3747 GROOME DRIVE
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000128095960
STREET ADDRESS 05/01/08--01049--014 **308.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

GARY LEONARD HOENIG, SR.

4-28-08

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

407. 291-8777