

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000155506**

1. Corporation Name

**Aychlo Investment
Group, Inc.**

W09-6688

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

6991 W. 29 way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HiAteah, Florida

City & State

Florida

Zip

Country

33018 Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/06

5. FEI Number

260192138

☒ 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

Cindy Guzman

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

6991 W. 29 way

Suite, Apt. #, Etc.

City

HiAteah

State

FL

Zip Code

33018

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

REGISTERED AGENT MUST SIGN

Date **2/5/09**

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	Cindy Guzman	6991 W. 29 way HiAteah, Fl. 3	HiAteah, Fl. 33018

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Guzman

Date

2/5/09

Daytime Phone #

7862620466

200143238182

03/27/09--01032--023 **150.00

REINSTATEMENT 07-09

W09

200143238182

02/10/09--01006--014 **300.00