

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000046584

**FILED**  
**Feb 14, 2009**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA INVESTING COMPANY, INC.

**Current Principal Place of Business:**

1005 N. KROME AVENUE  
SUITE # 124  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

906 N. KROME AVE  
C/O ACCOUNTING SOLUTIONS OF HOMESTEAD  
HOMESTEAD, FL 33030

**Current Mailing Address:**

1005 N. KROME AVENUE  
SUITE # 124  
HOMESTEAD, FL 33033

**New Mailing Address:**

P.O. BOX 925040  
MIAMI, FL 33092

**FEI Number:** 20-8864444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CONTRERAS, PATRICIA  
28910 SW 146 AVENUE  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

CONTRERAS, PATRICIA  
906 N. KROME AVE  
C/O ACCOUNTING SOLUTIONS OF HOMESTEAD  
HOMESTEAD, FL 33030 US

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.

**SIGNATURE:** PATRICIA CONTRERAS

02/14/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CONTRERAS, PATRICIA  
Address: 28910 SW 146 AVENUE  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CONTRERAS, PATRICIA  
Address: P.O. BOX 925040  
City-St-Zip: MIAMI, FL 33092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PATRICIA CONTRERAS

PRES

02/14/2009

Electronic Signature of Signing Officer or Director

Date