

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000096782

1. Corporation Name

SPECIALTY INVESTMENT GROUP, INC

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

656 PALOS VERDE DR

Suite, Apt. #, etc.

City & State

SATELLITE BEACH, FL

Zip

32937

Country

USA

3. Mailing Office Address

656 PALOS VERDE DR

Suite, Apt. #, etc.

City & State

SATELLITE BEACH, FL

Zip

32937

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/07

5. FEI Number
26-0835191

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

JOHN D CURRI, SR

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

656 PALOS VERDE DRIVE

Suite, Apt. #, Etc.

City

SATELLITE BEACH

State

FL

Zip Code

32937

☒ 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

John D. Curri Sr.
REGISTERED AGENT MUST SIGN

Date

9/29/09

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
PRES	JOHN D CURRI	656 PALOS VERDE DRIVE	SATELLITE BEACH, FL 32937
VP	DAVID CURRI	3369 POSEIDON WAY	INDIALANTIC BEACH, FL 32903

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:

John D. Curri Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Curri Sr.

Date

9/29/09

Daytime Phone #

321-258-1636

10110