

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000133617

1. Entity Name
MIAMI-DADE INVESTIGATION GROUP, INC.



08 OCT 30 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7500 NW 25TH STREET STE #200
MIAMI, FL 33122

Mailing Address
7500 NW 25TH STREET STE #200
MIAMI, FL 33122

2. Principal Place of Business - No P.O. Box #
2248 SE 19 Terr

3. Mailing Address
2248 SE 19 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10182008

REIN-P

CR2E098 (1/07)

City & State
Homestead, Florida

City & State
Homestead, Florida

4. FEI Number
26-1622391

Applied For

Not Applicable

Zip
33035

Country

Zip
33035

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATA, NIGUELO O
7500 NW 25TH STREET STE #200
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name Miguel O. Mata

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

2248 SE 19 Terr.

City Homestead

FL

Zip Code
33035

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

Miguel O. Mata

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/16/08

DATE

FILE NOW! FEE IS \$150.00
After January 1, 2009, Fee will be \$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 DPT
NAME MATA, MIGUEL O
STREET ADDRESS 7500 NW 25TH STREET STE #200
CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete

TITLE DVS
NAME GARCIA, CRUZ G
STREET ADDRESS 7500 NW 25TH STREET STE #200
CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700137483337
10/30/08--01033--004 **150.00

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

Miguel O. Mata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/08

Date

786-308-7933

Daytime Phone #

10/30/08