


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | P08000020126 | |
|--|-----------------------------------|---|-------------------|--------------------|--|
| DOCUMENT # P08000020126 | | | | | |
| 1. Corporation Name EXECUTIVE INVESTORS GROUP, INC. | | | | | |
| 2. Principal Office Address - No P.O. Box # 601 HERITAGE DRIVE Suite, Apt. #, etc. SUITE: 460 City & State JUPITER, FL Zip 33458 | | 3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country | | | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida 02/25/2008 | | | |
| | | 5. FET Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 TAMMY M. SOETY | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 601 HERITAGE DRIVE | | | | | |
| Suite, Apt. #, Etc. SUITE: 460 | | | | | |
| City JUPITER | | State FL | Zip Code 33458 | | |
| 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 <u>Tammy M. Soety</u> Date _____ | | | | | |
| REGISTERED AGENT MUST SIGN | | | | | |
| 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 | |
| PSD | TAMMY M. SOETY | 601 HERITAGE DRIVE STE: 460 | | JUPITER, FL 33458 | |
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10. E-mail Address: _____

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tammy M. Soety

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #