

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 11 28 11:54:46

DOCUMENT # PI 70 00026631

1. Corporation Name

SOUTH FLORIDA Investment Group, Inc

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

23150 SW 182 AVE

3. Mailing Office Address

23150 SW 182 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33170

Country

USA

Zip

33170

Country

USA

CR2E061 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/2017

5. FEI Number

820945086

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

ZAYMA ZAMORA

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

23150 SW 182 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33170

600370776036
07/28/21--01004--009 **1243.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/21/2021

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
<u>P</u>	<u>ZAYMA ZAMORA</u>	<u>23150 SW 182 AVE</u> <u>MIAMI FL 33170</u>	<u>MIAMI FL 33170</u>
<u>VP</u>	<u>DARLEM ZAMORA</u>	<u>23150 SW 182 AVE</u>	<u>MIAMI FL 33170</u>

10. E-mail Address: ZMIRANDA8701@hotmail.com

(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:

[Signature]

7/21/2021

786 241 9751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR