

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P-93000039731

**1. Corporation Name**

Felgar Investments, Inc.

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

2250 S.W. 3rd Ave.

Suite, Apt. #, etc.

Suite 303

City & State

Miami, FL

Zip

33129

Country

Miami-Dade

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**7. Name and Address of Current Registered Agent**

Name

Carlos A. Santos, SR.

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

5701 Collins Ave.

Suite, Apt. #, Etc.

Apt. 408

City

Miami Beach,

State

FL

Zip Code

33139

**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

*Carlos A. Santos Sr.*

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
Pres Sec	Carlos A. Santos Sr.	5701 Collins Ave # 408 MB.	FL Miami Beach, FL 33141

**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:**

*Carlos A. Santos Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 DEC 17 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NV

REINSTATEMENT 99-07

**4. Date Incorporated or Qualified To Do Business in Florida**

6-4-1993

**5. FEI Number**

65-0481484

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required for a Certificate of Status

☐ 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.

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