

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 OCT 19 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021971

1. Corporation Name

T. & E. INVESTMENT, CORP.

Principal Place of Business

12218 S.W. 128 STREET
MIAMI FL 33186
US

Mailing Address

12218 S.W. 128 STREET
MIAMI FL 33186
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

12906 S.W. 132nd Ct.

City & State

Miami FL

Zip 33186

Country U.S.A.

Suite, Apt. #, etc.

12906 S.W. 132nd Ct.

City & State

Miami FL

Zip 33186

Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1994

5. FEI Number

65-0475394

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	DIAZ, MARIA	101 OCEAN LANE DR. #3017	KEY BISCAYNE FL
VP	BAEZ, ROBERTO E	15911 S.W. 143 AVENUE	MIAMI FL 33177

REINSTATEMENT 99

000003026780-1
-10/27/99--01082--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, MARIA
15911 S.W. 143RD AVENUE
MIAMI FL 33177

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date October, 13-99

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., 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99 (205) 234-8223

Daytime Phone #

CR25040 (6/99)