

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 11 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000011304**

1. Corporation Name

PRINCIP INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

**342 NE 35 STREET
MIAMI FL 33137**

**342 NE 35 STREET
MIAMI FL 33137**



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

REINSTATEMENT *96-97*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1995

Suite, Apt. #, etc.

404 N.E. 35 ST. #200

Suite, Apt. #, etc.

SAME

City & State

MIAMI FLORIDA

City & State

Zip

33137

Country

DADE

Zip

Country

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	PRINCE, HASNAT A	342 NE 35 STREET	MIAMI FL 33137
			000002212160--2 -06/13/97--01127--009 ****415.00 ****415.00
			000002212160--2 -06/13/97--01127--010 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PRINCE, HASNAT A
342 NE 35 STREET
MIAMI FL 33137**

**404 N.E. 35 ST. #200
MIAMI FL 33137**

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

H. Prince

REGISTERED AGENT MUST SIGN

Date **06/05/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

H. Prince

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/97 (305) 573-9944

Date Daytime Phone #