

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

10f2

DOCUMENT # P95000031091

1. Corporation Name

TRUST INVESTMENTS OF SOUTH FLORIDA CO.

98 NOV 19 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8535 BYRON AVE OFFICE APT 27 MIAMI BCH FL 33155 US	8535 BYRON AVE OFFICE APT 27 MIAMI BEACH FL 33155 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/20/1995	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	BORGES, ISMAEL	8535 BYRON AVE	MIAMI BCH FL
VPT	BORGES, ORLANDO	8535 BYRON AVE	MIAMI BCH FL
S	BORGES, ANA H	8535 BYRON AVE	MIAMI BCH FL
			700002694567--8
			-11/23/98--01146--009
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORGES, ORLANDO
8535 BYRON ST
APT OFFICE 28
MIAMI BCH FL 33155

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33155

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

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)

WFL

Nov-17-98

To Whom it may concern,

I never received an annual
report letter and now receive
this. I called your office
and was told that the
state will waive the reinstatement
fee, and I was to ~~paid~~
the 150\$ annual fee.

Respectfully

Orlando B