

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
3
02 FEB -7 PM 12:18

DOCUMENT # P96000012467

1. Corporation Name Associates Investment Corp, Inc. *Corporation*

2. Principal Office Address

1109 N 21st Avenue

Suite, Apt. #, etc. -
#120

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

Same as Principal Office

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97-02

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

2/5/96

5. FEI Number

65 - 0634506

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

Michael Dermer

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

1109 N 21st Avenue

Suite, Apt. #, Etc.

#120

City

Hollywood

State
FL

Zip Code
33020

000004915190-5

-02/13/02-01065-006

***1508.75 ***1508.75

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

Michael Dermer

REGISTERED AGENT MUST SIGN

January 18, 2002

Date ~~XXXXXX~~XXXXXX

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/ Dir.	Guy Galluccio	1731 Roosevelt Street	Hollywood, FL 33020
Sec/ Dir.	Michael Dermer	19620 NE 19th Place	Miami, FL 33179

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 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:

Guy Galluccio

Guy Galluccio, Pr/D

July 12, 2000 (954)923-6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)