

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 25 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028170

Corporation Name

SECRET FINANCIAL INVESTMENT, INC.

REINSTATEMENT 02-03

2. Principal Office Address

5406 12th Ave. South

Suite, Apt. #, etc.

3. Mailing Office Address

5406 12th Ave. South

Suite, Apt. #, etc.

City & State

Gulfport, FL

City & State

Gulfport, FL

Zip

33707

Country

USA

Zip

33707

Country

USA

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

03/25/1996

5. FEI Number

59-3370273

Appl
Not

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate

7. Name and Address of Current Registered Agent

Name

Bray, Raquel

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

5406 12th Ave. South

Suite, Apt. #, Etc.

City

Gulfport

State
FL

Zip Code
33707

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

X *Raquel Bray*

REGISTERED AGENT MUST SIGN

Date *7-22-2003*

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
P	Bray, Raquel	5406 12th Ave. South	Gulfport, FL 33707

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 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 taxes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

Raquel Bray

Raquel Bray, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-2003

Date

927-327-1067

Daytime Phone #

7/28