

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Anne B. Marshall
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 JAN -9 PM 12:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000042460**

1. Corporation Name

EQUITY LINE INVESTMENTS, INC.

Principal Place of Business

3331 S.W. 64TH AVE.
 MIAMI FL 33155

Mailing Address

3331 S.W. 64TH AVE.
 MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

5040 NW 7th St.

Suite, Apt. #, etc.

Suite 615

City & State

Miami, FL

Zip

33126 U.S.A.

3. New Mailing Office Address, If Applicable

5040 NW 7th St.

Suite, Apt. #, etc.

Suite 615

City & State

Miami, FL

Zip

33126 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

05/17/1996

5. FEI Number

65-0679658

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
D	D'ERMINO, YLIANA M	3331 S.W. 64TH AVE.	MIAMI FL 33155

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****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

D'ERMINO, YLIANA M
 3331 S.W. 64TH AVE.
 MIAMI FL 33155

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 01/07/98

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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/98 (305) 860-1050

CR20040 (8/97)