PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 MAR -4 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000009867

1. Corporation Name

O & A INVESTMENT GROUP, INC.

Principal Place of Business

2990 N.W. 24th Street
Miami, Florida 33142

Mailing Address

c/o ROZENCWAIG & GRANOFF
One S.E. Third Avenue
Suite 960
Miami, Florida 33131

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

REINSTATEMENT 1998-1999

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: January 31, 1997

5. FEI Number: 65-0744031 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

-03/10/99--01102--013
****750.00 ****750.00
-03/10/99--01102--014
****150.00 ****150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip
P	RODOLFO SANCHEZ	2990 N.W. 24th Street	Miami, Florida 33142
VP	EDOARDO DENNIS	2990 N.W. 24th Street	Miami, Florida 33142
T	JUAN A. FLORES	2990 N.W. 24th Street	Miami, Florida 33142
S	ALEX AZNAREZ	2990 N.W. 24th Street	Miami, Florida 33142
VP	AMADO HERNANDEZ	2990 N.W. 24th Street	Miami, Florida 33142

8. Name and Address of Current Registered Agent

ALEX AZNAREZ
6321 S.W. 109th Avenue
Miami, Florida 33173

9. Name and Address of New Registered Agent

Name: LESLIE ALAN ROZENCWAIG, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 1 SE, 3RD AVE
Suite, Apt. #, Etc.: STE 960
City: MIAMI, FLA State: FL Zip Code: 33131

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: [signature] ~~ALEX AZNAREZ~~ REGISTERED AGENT MUST SIGN Date: 1/15/99

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] 1/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALEX AZNAREZ, SECRETARY

Date Daytime Phone #