

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 21 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000017100

1. Corporation Name

T & F INVESTMENTS, INC.

2. Principal Office Address - No P.O. Box #

14031 SW 112 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

Zip

Country

Zip

Country

33186

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/97

5. FEI Number

650744385

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

FRANK APARICIO

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

14031 SW 112 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/17/12

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	FRANK APARICIO	14031 SW 112 ST.	MIAMI, FLA 33186
S	TERESA APARICIO	14031 SW 112 ST.	MIAMI, FLA. 33186

REINSTATEMENT 03-12

10. E-mail Address:

F-APARICIO AT BELL SOUTH.NET

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

[Signature]

FRANK APARICIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/17/12

Daytime Phone #

MAR 23 2012