PLEASE READ A	ALL INSTRUCTIO	NS BEFORE C	OMPLETI	NG THIS FORM.		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State		APPROVED AND HILED			
DOCUMENT# P9700022357			98.DEC.10 PM 2:11			
1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
GIRO INVESTMENTS GROUP, I	INC.			IALLAHASSEE	i, FLORIDA	
Principal Place of Business	<del></del>	1 46811881 118	1881: 1881: 1881: 1881: 1881: 1881: 1881: 1881	* (1600 1)(6) 31)(7) (80)		
41 S. ROYAL PONCIANA BLVD.  MIAMI FL 33166  41 S. ROYAL PONCIANA BLVD.  MIAMI FL 33166		<b>(D</b> .		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	# 1488 1148 SILL 1881 1881	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				rated or Qualified		
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	etc.		To Do Business in Florida 03/12/1997  5. FEI Number Applied For		
City & State	City & State			139020	Applied For  Not Applicable	
Zip Country	Zip C	Country	6. CERTIFICATE OF STATUS DESIRED 🔀 \$8.75 Additional Fee req for a Cardificate of State		5 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit o	orporations must list at lea				
Title(s) Name of Officers and/or Directors	<del></del>	Officer and/or Director 3 (Do NOT Use Post Office Box Nu				
President Luis GIRO	41 S.RI MIÁMI		A BLUD. 33166	MIAMI Spring	4/FL/33166	
			51	00002716 -12/18/980 ****750.00		
		t '	Sr	0002716 -12/18/980	0154	
		<del></del>		*****8.75	******8.75	
8. Name and Address of Current R	egistered Agent		9. Name and Ad	ddress of New Registered A	Agent	
GIRO, LUIS	Name	Street Address (P.O. Box Number is Not Acceptable)				
41 S. ROYAL PONCIANA BLVD.	Street Address (P					
MIAMI FL 33166	City	Colley, F. D. C.				
10. I, being appointed the registered agent of the abov	re name (corporation, am fami		oligations of Section	FL		
Signature of Registered Agent	SE REC	QUIRED		Date 12-1-9	28	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No						
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 filling 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 Daylime Phone #						