PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

						_	. 41	1.1	
COMPONATION MARKET 20					A DEPARTMENT OF STATE Secretary of State		SECTIONS TAILS	GF DIATE F PRIDA	
DIVISION OF CORPORATIONS						Ì	13 FES 25	AH II: 13	
	UMENT #	P97000061	991						
SUI	N STAT	E INVE	STOR	S GF	ROUP, INC				
				g Office Addr	ess	_			
2831 Ringling Blvd.				#. elc		_	CR2E0E1 (11/10)		
218-F							rporated or Qualified siness in Florida		
Sarasota, FL						5. FEI Numb	/ ppiled / or		
Zip Country Zip					Country	65-07685	60.5	75 Additional Fee require	
34237 USA						CERTIFICATE OF STATUS DESIRED (or a Certificate of Status			
Name	7	Name and Address	of Current Rec	gistered Age	ent	_			
Geral	d F. Bishop								
Street Address (P'O'Box Number is Not Acceptable) 2831 Ringling Blvd. Suite, Apt #, Etc.						100245098781 02/26/1301005008 ++500.00			
218-F						4	linoasne	9743	
Sarasota					FL 34237	82.7	00024505; 26/13-01005-0	09 ¥¥408.75	
8. I, bein	g appointed the regi	stered agent of the a	pove named cor	poration, am	familiar with and accept the	obligations of sect	ion 607,0505 or 617 0503, F.S		
Signature Registered		well P	Justa REGISTERED A	GENT MUS	T SIGN		Date 2 (21)	/13	
9 Name	s and Street Addres	ses of Each Officer a	nd/or Director (F	londa nonpr	rofit corporations must list at	least 3 directors)			
Titles	Off	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State	? / Zip	
PSD	Richa	Richard G. Harmon			2831 Ringling Blvd., #218-F		Sarasota, F	L 34237	
TD Linda L. Harmon			2831	Ringling Blvd.	, #218-F	218-F Sarasota, FL 34237			
									

10. E-mail Address: sgrady@sarasotalawfirm.com

(To be used for future annual report notification)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

FEB 2 6 2013

T. CAULEY

¹¹ 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 517. F.S. I further certify that when filing this reinstatement application, the reason for presclution 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 comporation have been paid. 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 oat. I am wave that false information suphrities in a document to the Department of State constitutes a third degree felony as provided for in s.8.17.155 F.S.

SIGNATURE: