PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 22 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077217

1. Corporation Name

Investment International inc

Principal Place of Business
261 NE 1st
MIAMI FL 33132

Mailing Address
261 NE 1st
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable
5925 NE 3 RD AVE
Suite, Apt. #, etc.
MIAMI FL 33138
City & State
33138
Zip | Country

3. New Mailing Office Address, If Applicable
5925 NE 3 RD AVE
Suite, Apt. #, etc.
MIAMI FL 33138
City & State
33138
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
Sep/8/97

5. FEI Number
66 0779156
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
PR	Paul Pdelalour	37 NW 15 St	Mi 33131
		MIAMI 33168	

REINSTATEMENT 98-99 B 4/22/99

600002854746-- 5
-04/28/99--01048--004
****900.00 ****900.00

8. Name and Address of Current Registered Agent
AMERI Lawyer
343 ALMERIA AVE
CORAL GABLES
MIAMI FL 33134

9. Name and Address of New Registered Agent
Name
Paul Delalour
Street Address (P.O. Box Number is Not Acceptable)
5925 NE 3 AVE
Suite, Apt. #, Etc.
City
MIAMI
State FL | Zip Code 33138

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 4/22/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul P Delalour 4/22/99
Date
Daytime Phone #

CR2E032 (1/98)