

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 3:44

DOCUMENT # P97000096021

1. Corporation Name

EDELERK INVESTMENT, CORP.

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-03/29/00--01006--011
****150.00 ****150.00

2. Principal Office Address

12438 N BAYSHORE DR

Suite, Apt. #, etc.

3. Mailing Office Address

12438 N. BAYSHORE DR.

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL 33181

City & State

NORTH MIAMI, FL 33181

Zip

33181

Country

MIAMI-DADE

Zip

33181

Country

MIAMI-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/10/97

5. FEI Number

65-0793097

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

PEDRO M HERNANDEZ CPA

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

3700 SW 86 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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**

REGISTERED AGENT MUST SIGN

Date

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	ELIA ISIDRON	12438 NORTH BAYSHORE DR	NORTH MIAMI, FL 33181
VP.	EDDIE ISIDRON	12438 NORTH BAYSHORE DR	NORTH MIAMI, FL 33181
S	SANTIAGO IGLESIAS	1940 KEYSTONE BLVD	NORTH MIAMI FL 33181

10. 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

Date

Daytime Phone #

305-775-9064

REINSTATEMENT 99-00

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