

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

98 DEC 17 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000401018
1. Corporation Name First Investment Group Inc
10422 Ashley Oaks Dr. Riverview
Fla, 33569

Principal Place of Business Mailing Address
10422 Ashley Oaks Dr
Riverview, FL 33569

REINSTATEMENT 98

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

2. New Principal Office Address, If Applicable Same as above
Suite, Apt. #, etc. _____
City & State _____
Zip _____ Country _____
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. _____
City & State _____
Zip _____ Country _____

4. Date Incorporated or Qualified To Do Business in Florida 11-26-97
5. FEI Number 59-3480657
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	ABDEL R. SALEH	10422 Ashley Oaks Dr.	Riverview Fla 33569
V. Pres	Abdel R Saleh	10422 Ashley Oaks Dr.	Riverview, Fla. 33569
Sec.	Abdel R Saleh	10422 Ashley Oaks Dr.	Riverview Fla. 33569

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*****758.75 *****758.75

8. Name and Address of Current Registered Agent
Abdel R. Saleh
10422 Ashley Oaks Dr.
Riverview Fla. 33569

9. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State FL Zip Code _____

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 Abdel Saleh Date 12/14/98
REGISTERED AGENT MUST SIGN

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: Abdel Saleh ABDEL SALEH 12/14/98 813 - 671-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/98)