

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000001985

1. Corporation Name

FINANCIAL DESIGNS INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

~~3250 SW 141 AVE~~

~~3250 SW 141 AVE~~

~~MIAMI FL 33176~~

~~MIAMI FL 33176~~

12290 SW 84 AVE
Miami FL 33156

12290 SW 84 AVE
Miami FL 33156

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1998

5. FEI Number

☒ 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	4. City / State / Zip
PTD	VALDES, JORGE A	3250 SW 141 AVE 12290 SW 84 AVE	MIAMI FL 33176 33156
VSD	VALDES, ADA	3250 SW 141 AVE 12290 SW 84 AVE	MIAMI FL 33176 33156

608003078566-5
-12/22/99-01092-008
****150.00 ****150.00

ITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES, JORGE A
~~3250 SW 141 AVE~~ 12290 SW 84 AVE
MIAMI FL ~~33176~~ 33156

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

REGISTERED AGENT MUST SIGN

Date

11. 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)(l), 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

Jorge A. Valdes

11/24/99 305 226 5678

Date Daytime Phone #

November 23, 1999

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

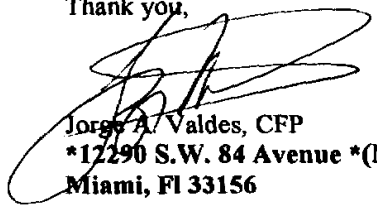
RE: Document #P98000001985

Dear Sir or Madam:

We forwarded check #187 back in May 1998. We apologize for the delay, but we have just moved and did not receive the notice until recently. When we received the late notice, we called the bank immediately and they confirmed the check was not cashed.

Your records should indicate that we have always paid timely.

Thank you,



Jorge A. Valdes, CFP

*12290 S.W. 84 Avenue *(NEW ADDRESS)*
Miami, FL 33156