PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 14 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001985

1. Corporation Name

FINANCIAL DESIGNS INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
~~3259 SW 141 AVE~~ ~~MIAMI FL 33175~~ 12290 SW 84 AVE MIAMI FL 33156	~~3259 SW 141 AVE~~ ~~MIAMI FL 33175~~ 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: 01/06/1998

5. FEI Number: [X] Applied For [X] 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	~~3259 SW 141 AVE~~ 12290 SW 84 AVE	~~MIAMI FL 33175~~ 33156
VSD	VALDES, ADA	~~3259 SW 141 AVE~~ 12290 SW 84 AVE	~~MIAMI FL 33175~~ 33156

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****150.00 ****150.00

TS

8. Name and Address of Current Registered Agent

VALDES, JORGE A
~~3259 SW 141 AVE~~ 12290 SW 84 AVE
~~MIAMI FL 33175~~ 33156

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

CR2E040 (9/99)

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 _____ REQUIRED _____ Date _____
REGISTERED AGENT MUST SIGN

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)(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: _____ JORGE A. VALDES 11/24/99 305 226 5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030719 AF

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