PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT -8 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P-98 000024134

1. Corporation Name
AMERIBEST REALTY & INVESTMENT, INC

99-01 UBR

2. Principal Office Address	3. Mailing Office Address
7940 NW 174 ST	7940 NW 174 ST
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State HIALEAH - FL	City & State HIALEAH - FL
Zip 33015 Country MIAMI-DADE	Zip 33015 Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida MARCH 13-98

5. FEI Number 65-0822151 ☐ 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: J. ROMAN GONZALEZ

300004645073--7
-10/19/01--01025--004
****458.75 ****458.75

Street Address (P.O. Box Number is Not Acceptable): 7940 NW 174 STREET

Suite, Apt. #, Etc.: -N-A-

City: HIALEAH State: FL Zip Code: 33015

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: J. Roman

REGISTERED AGENT MUST SIGN

Date 09-24-01

CR2E581 (9/00)

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
President	J. ROMAN GONZALEZ	7940 NW 174 ST	HIALEAH, FL 33015
Secretary	J. ROMAN GONZALEZ	7940 NW 174 ST	HIALEAH, FL 33015
Treasurer	J. ROMAN GONZALEZ	7940 NW 174 ST	HIALEAH, FL 33015

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: J. Roman J. ROMAN GONZALEZ 09-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305-778 1212
305-557 4541

FAX: 305-827-0360