

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
TALLAHASSEE, FLORIDA

01 OCT -3 PM 2:12

DOCUMENT # P98000066180

1. Corporation Name

NELFER INVESTMENT CORPORATION
7351 S.W. 80th Court
Miami, FL 33143

2. Principal Office Address

7351 S.W. 80th Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33143

Country

US

Zip

Country

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

7/28/98

SP

5. FEI Number

65-0245209

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

Nelson Fernandez

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

7351 S.W. 80th Court

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33143

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

X Nelson Fernandez

Date

9/28/01

REGISTERED AGENT MUST SIGN

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
PD	Nelson Fernandez	7351 S.W. 80th Court	Miami, FL 33143
VD	Fernando De Izaguirre, SR.	7351 S.W. 80th Court	Miami, FL 33143
STD	Fernando De Izaguirre, JR.	7351 S.W. 80th Court	Miami, FL 33143

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:

X Nelson Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/28/01 (305) 633-6491

Daytime Phone #

CR2081 (9/00)