

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 24 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074996

1. Corporation Name

FSD Investors Group Corp

Principal Place of Business

Mailing Address

7891 WEST FLAMBER ST 298  
MIAMI FL 33144

7891 WEST FLAMBER ST #298  
MIAMI FLORIDA 33144

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

2. New Principal Office Address, If Applicable

7891 WEST FLAMBER ST

Suite, Apt. #, etc.

298

City & State

MIAMI FLORIDA

Zip

33144

Country

3. New Mailing Office Address, If Applicable

7891 WEST FLAMBER ST

Suite, Apt. #, etc.

298

City & State

MIAMI FLORIDA

Zip

33144

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

8-27-98

5. FEI Number

65-0859498

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Xenia Borges	7891 WEST FLAMBER ST 298	MIAMI FLORIDA 33144
Vice President	Fernando Borges	7891 WEST FLAMBER ST 298	MIAMI FLORIDA 33144

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-03/08/00--01006--010  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Fernando Borges

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

7891 WEST FLAMBER ST 298

Suite, Apt. #, Etc.

MIAMI FLORIDA 33144

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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.

(305) 556-6741  
EXT 18

SIGNATURE:

*[Signature]* VICE PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2000

Date

Daytime Phone

KE