FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

01-02

DOCUMENT # P98000090996

REINSTATEMENT

05/18/01 91218 017 $150.00

1. Corporation Name

AGNES FAMILY INVESTMENTS, INC.
8340 N. E. 2nd Ave.
Suite 235
Miami, Fl. 33138

2. Principal Office Address	3. Mailing Office Address
8340 N. E. 2nd Ave.	
Suite, Apt. #, etc.: Ste. 235	Suite, Apt. #, etc.
City & State: Miami, Fl. 33138	City & State
Zip: 33138 / Country: Miami-Dade	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/26/98

5. FEI Number: 65-0871897 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 Additional Fee required for the Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Marc Stephen

Street Address (P.O. Box Number is Not Acceptable): 8340 N. E. 2nd Ave., Ste. 235

Suite, Apt. #, Etc.: STe. 235

City: Miami | State: FL | Zip Code: 33138

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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: _____ REGISTERED AGENT MUST SIGN

Date: 10/17/01

CR2E081 (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
PS	MARC STEPHEN	8340 N. E. 2nd Ave. #235	Miami, Fl. 33138

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 I file 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #