

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095661

1. Corporation Name

3434 Investment, Inc.

2. Principal Office Address

16380 South Post Road

Suite, Apt. #, etc.

#202

City & State

Weston

Zip

33331

Country

Broward

3. Mailing Office Address

16380 South Post Road

Suite, Apt. #, etc.

#202

City & State

Weston

Zip

33331

Country

Broward

REINSTATEMENT 99-02

4. Date Incorporated or Qualified

To Do Business in Florida 11/12/1998

5. FEI Number

None

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

Rozencwaig, Leslie Alan, Esq.

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

1 SE 3rd Avenue

Suite, Apt. #, Etc.

#960

City

Miami

State

FL

Zip Code

33131

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

Leslie Alan Rozencwaig
REGISTERED AGENT MUST SIGN

Date

12/23/02

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	Rodriguez, Oscar	16380 South Post Rd., #202	Weston, Florida 33331
SD	Casado, Arturo	16440 South Post Rd., #201	Weston, Florida 33331

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/02 (924) 3491079

Daytime Phone #

CR2E081 (9/01)