

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 12 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105549

1. Corporation Name

SIMONEE Investors, Inc.

2. Principal Office Address

1607 Alloway Drive

Suite, Apt. #, etc.

City & State

Deltona

Zip

32738

Country

USA

3. Mailing Office Address

2297 Vance RD

Suite, Apt. #, etc.

c/o MARQUEZ

City & State

Deltona, FL

Zip

32738

Country

Volusia

800018807178

05/12/03--01070--017 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1998

5. FEI Number

593549271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

ANNIE MARQUEZ

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

2297 VANCE ROAD

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

Annie Marquez

REGISTERED AGENT MUST SIGN

Date 5/6/03

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	Anthony Gonzalez	1607 Alloway Drive, Deltona	Deltona FL 32738
T	Annie MARQUEZ	2297 Vance Road, 1	Deltona FL 32738

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)(l), 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

5/6/03

Daytime Phone #

386-789-4247