PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN 11 AM 8:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000107846

1. Corporation Name
RESEARCH INVESTMENT GROUP, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
688 NW 156TH AVE.	SAME AS #2
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. —
City & State PEMBROKE PINES, FL	City & State —
Zip 33028 Country USA	Zip — Country —

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0883710 ☐ 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: SCOTT WILDING

Street Address (P.O. Box Number is Not Acceptable): 688 NW 156TH AVENUE

Suite, Apt. #, Etc.: N/A

City: PEMBROKE PINES | State: FL | Zip Code: 33028

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 Scott Wilding — REGISTERED AGENT MUST SIGN — Date X 5/28/04

CR2E081 (01/04)

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
PRES	SCOTT WILDING	688 NW 156TH AVE.	PEMBROKE PINES, FL 33028
			000037765T20 06/08/04--01047--007 **908.75

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: SCOTT WILDING X Scott Wilding — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date X 5/28/04 — (954)442-7944 Daytime Phone #