

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 22 PM 2:22

DOCUMENT # P99000000108

1. Corporation Name

ULTIMATE INVESTMENT GROUP, INC.

2. Principal Office Address

800 W. McNab Rd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip 33309

Country USA

3. Mailing Office Address

800 W. McNab Rd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip 33309

Country US

4. Date Incorporated or Qualified

To Do Business in Florida

12/31/98

5. FEI Number

65-0888836

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

DAVID R. FARBSTAIN, ESQ.

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

2765 W. Cypress Creek Rd., Ste. D, Ft

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code
33309

100003911921--8

-03/27/01--01045--025

****900.00 ****900.00

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

3/5/01

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
P/D	FREDO PIERRE-LOUIS	800 W. McNab Rd.	Ft. Lauderdale, FL 33309
VP/D	JOSEPH LABIDOU	800 W. McNab Rd.	Ft. Lauderdale, FL 33309
S/D	MARC LABIDOU	800 W. McNab Rd.	Ft. Lauderdale, FL 33309

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

954 579 6706

Daytime Phone #

CR2E081 (9/00)