


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000004522

1. Corporation Name

FLORIDA INVESTMENT ENTERPRISES INC.

2. Principal Office Address - No P.O. Box #

7 N.W. 36 Drive

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32607

Country

USA

3. Mailing Office Address

7 N.W. 36 Drive

Suite, Apt. #, etc.

City & State

Gainesville, Florida

Zip

32607

Country

USA

7. Name and Address of Current Registered Agent

Name

Louis V Wigfall

Street Address (Post Box Number is Not Acceptable)

7 N.W. 36 Drive

Suite, Apt. #, etc.

City

Gainesville

State

FL

Zip Code

32607

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

Louis V Wigfall

REGISTERED AGENT MUST SIGN

Date January 2, 2008

9. Names and 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	Louis V Wigfall	7 N.W. 36 Drive	Gainesville, FL, 32607
V/S	Brian Tucker	7 N.W. 36 Drive	Gainesville, FL, 32607
D	Timothy Larken	7 N.W. 36 Drive	Gainesville, FL, 32607
D	Daniel Wigfall	7 N.W. 36 Drive	Gainesville, FL, 32607
D	Paul L. Tucker	7 N.W. 36 Drive	Gainesville, FL, 32607

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 contained in Chapter 119, 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:

Louis V Wigfall

Louis V Wigfall

01/02/2008

3522463382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JAN -4 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-08^{KS}

600113817406
01/04/08--01035--004 ***1358.75

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

January 13, 1999

5. FEI Number

59-3585524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.