

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 31 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**REINSTATEMENT** 03-05

DOCUMENT # P99000056492

1. Corporation Name

Naret Investment Corporation

2. Principal Office Address

2200 NW 93 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2200 NW 93 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33172

Zip

33172

Country

USA

City & State

Miami, FL 33172

Zip

33172

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/22/99

5. FEI Number

650930101

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

Moriarty, Maria E.

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

295 West Enid Drive

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

*[Handwritten signature]*

Date 3-29-05

REGISTERED AGENT MUST SIGN

**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
PTS	Moriarty, Maria E.	295 West Enid Drive	Key Biscayne, FL 33149

800050303198  
04/11/05--01006--006 \*\*1058.75

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)(f), 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:

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Via Pendent 3/29/05 305-471-1121

CR2E081 (01/05)