

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Select Business Investments, Inc.

859 000063695

2. Principal Office Address

2201 NW 102 place

Suite, Apt. #, etc.

Unit #4

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Office Address

2201 NW 102 place

Suite, Apt. #, etc.

Unit #4

City & State

Miami, Florida

Zip

33172

Country

USA

400005508984--7

-05/14/02--01045--012

****450.00 ****450.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/99

5. FEI Number

605-0934114

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

Joshua Murray

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

2201 NW 102 place

Suite, Apt. #, Etc.

Unit #4

City

Miami

State
FL

Zip Code

33172

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 4/30/02

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
PD	Joshua Murray	2201 NW 102 pl, #4	Miami, FL 33172
VDC	Joseph Murray	2201 N.W. 102 pl, #4	Miami, FL 33172

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

4/30/02 (305) 471-4465

Date

Daytime Phone #

CR2E081 (9/01)



INKredible®

P R I N T I N G

2201 N.W. 102 Place, Unit #4 • Miami, Florida 33172

305-471-4INK (4465) • Fax 305-471-8966

www.inkredible.com

April 26, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

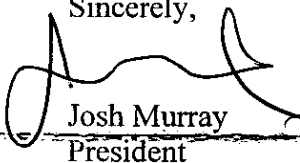
REG: CORPORATE ANNUAL REPORT
FEI NO. 65-0934114

Dear Sirs,

Attached is a Corporation Reinstatement Form to reactivate Select Business Investments, Inc. The Corporate Annual Reports were never received due to delivery to the wrong address. Please adjust your records to reflect the correct address of 2201 NW 102 place, Unit #4, Miami, Florida 33172 phone number 305-471-4465.

I have attached a check for the sum of \$450.00 for the filing of years 2000, 2001 and 2002. Feel free to contact our office should you have any questions.

Sincerely,


Josh Murray
President

