

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 10 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000077313

1. Corporation Name

FLORIDA INVESTMENT REAL ESTATE INC.

900004302819--1
-05/23/01--01103--007
****908.75 ****908.75

2. Principal Office Address

14411 Commerce Way

Suite, Apt. #, etc.

210

City & State

Miami Lakes, FL

Zip

33016

Country

USA

3. Mailing Office Address

14411 Commerce Way

Suite, Apt. #, etc.

210

City & State

Miami Lakes, FL

Zip

33016

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/99 SP

5. FEI Number

65-0944731

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

Maydelis Gutierrez

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

8004 NW 154 Street #101

Suite, Apt. #, Etc.

City

Miami Lakes, FL

State

FL

Zip Code

33016

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

[Signature]

Date 5/7/01

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 |
|--------|--------------------------------------|---|-----------------------|
| Pres. | Maydelis Gutierrez | 8004 NW 154 Street #101 | Miami Lakes, FL 33016 |
| V.P. | Evette Forte | 8004 NW 154 ST. #101 | Miami Lakes, FL 33016 |
| | | | |
| | | | |
| | | | |
| | | | |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/01 (305) 219-8689

Date

Daytime Phone #

CR2E081 (3/00)