

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V35170**

1. Corporation Name

F.I.C. SERVICES & INVESTMENTS, INC.

FILED
 04 MAR '09 AM 9:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DR.
 PH1-C
 COCONUT GROVE FL 33133
 US

2601 SOUTH BAYSHORE DR.
 PH1-C
 COCONUT GROVE FL 33133
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2601 South Bayshore Drive

2601 South Bayshore Drive

Suite, Apt. #, etc.
Suite 235

Suite, Apt. #, etc.
Suite 235

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

Zip Country
33133 US

Zip Country
33133 US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
05/11/1992

5. FEI Number
65-0359180

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	VELAZCO, EDUARDO	2601 SOUTH BAYSHORE DR. PH 1-C	COCONUT GROVE FL
S	CASTILLO, ALVARO	1390 BRICKELL AVE, STE. 200	MIAMI FL
T	DIAZ, JOSE	2601 SOUTH BAYSHORE DR.	COCONUT GROVE FL 33133
			600030063216 03/09/04--01024--003 **150.00
			600030063216 03/09/04--01024--004 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTILLO, ALVARO E
 1390 BRICKELL AVE
 STE. 200
 MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Alvaro Castillo

Date **1-26-04**

REGISTERED AGENT MUST SIGN

11. 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: *Alvaro Castillo, Secretary*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-26-04** (305) 371-5540
 Daytime Phone #

CR2EC040 (7/03)