

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 10 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024388**

1. Corporation Name

**M3J Investments Group, Inc.**

2. Principal Office Address

**12354 SW 8th Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33184**

Country

**USA**

3. Mailing Office Address

**12354 SW 8th Street**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33184**

Country

**USA**

**REINSTATEMENT**

**03-04**

4. Date Incorporated or Qualified To Do Business in Florida

**03/04/02**

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**Antonio R. Perez**

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

**417 W. Sugarland Highway**

Suite, Apt. #, Etc.

City

**Clewiston**

State

**FL**

Zip Code

**33440**

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

Date **04/22/04**

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
PD	Uribe, Margarita	12354 SW 8th Street	Miami, FL 33184
SD	Uribe, Ana	12354 SW 8th Street	Miami, FL 33184
TD	Piedrahita, Paula	12354 SW 8th Street	Miami, FL 33184

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

04/22/04

Date

863-983-5338

Daytime Phone #

CR2E081 (10/02)