

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 27 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L64261  
1. Corporation Name F. Foreigner INC.

**REINSTATEMENT**  
97-02

2. Principal Office Address  
PO Box 667  
Suite, Apt. #, etc.

3. Mailing Office Address  
PO Box 667  
Suite, Apt. #, etc.

City & State  
Bokeelia FL

City & State  
Bokeelia FL

Zip Country  
33922

Zip Country  
33922

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 492440314 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 Raoul DeLorenzi 300005258613-5

Street Address (P.O. Box Number is Not Acceptable) PO BOX 667 -04/12/02--01099-008

Suite, Apt. #, Etc. \*\*\*1500.00 \*\*\*1500.00

City Bokeelia State FL Zip Code 33922

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 Raoul DeLorenzi Date 2-14-02

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
<u>Pres</u>	<u>Raoul DeLorenzi</u>	<u>PO Box 667</u>	<u>Bokeelia FL</u>

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: Raoul DeLorenzi 3-14-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)