

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -7 PH 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 64261

1. Corporation Name

F. Foreigner INC.

[Handwritten Signature]
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2/19/07--01006--020 **1208.75
REINSTATEMENT 04-07
CRZE081 (707)

2. Principal Office Address - No P.O. Box #

2062 ORTIZ AV.

Suite, Apt. #, etc.

3. Mailing Office Address

2062 ORTIZ AV.

Suite, Apt. #, etc.

City & State

Ft. Myers FL.

City & State

Ft. Myers FL.

Zip

33905

Country

USA

Zip

33905

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-06-1990

5. FEI Number

49-2440314

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

Steven Hill

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

2062 ORTIZ AV.

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33905

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

Steven Hill

Date

2-5-2007

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
P.	<u>RAOUL Delorenzi</u>	<u>3832 Stabile Rd.</u>	<u>St. James City FL 33966</u>
VP, T. M. D.	<u>STEVEN Hill</u>	<u>2062 ORTIZ AV.</u>	<u>Ft. Myers FL 33905</u>
D.	<u>ESUCINA Escoto Lopez</u>	<u>3832 Stabile Rd.</u>	<u>St. James City FL 33966</u>
S.	<u>TRIFINA Hill</u>	<u>2062 ORTIZ AV.</u>	<u>Ft. Myers FL. 33905</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 contained in Chapter 119, 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:

Steven Hill

Steven Hill VP.

2-5-2007

(239)707-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #