FILED P02000016 727 DOCUMENT # 2005 JUN -7 PM 3: 11 Fox-HAII huestments, Inc SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3 Mailing Address 2. Principal Place of Business 1472 NW 38 Suite, Apt. #, etc. # DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For  $\infty Am$ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MiAmi-DACE 7. Name and Address of Current Registered Agent Name MOMOS DO NOT WRITE Street Ad ox Number is Not Acceptable) IN THIS SPACE MiAM 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE CR2E034B (12/02) TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 60 NAME 400055144984 1995 tnomos NAME STREET ADDRESS 12 NW. 385 STREET ADDRESS 05/23/05--01059--001 \*\*315.00 CITY-ST-ZIP 3161 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-05

/86 2 / / 895 Daytime Phone #

## FON-HALL INVEST., INC May 20, 2015

P.O. BOX 2409 MIAMS, FL 33101 Phone (786)277-8955 Fax (305) 854-8428

ATRICA BINLEY
HIGH A 0 FOORPORATIONS TALLANASSEE, FL

LADIES & GENTLEMEN:

WE REGRE' NOT BEING ABLE TO SEND OUR FILING FEES ON TIME, WE EXPERIENCED AND ARE STILL EXPERIENCING FINANCIAL DIFFICULTY DUE TO HURRICANE DAMAGE AND INCOME LOSS.
PLEASU CONSIDER THIS A FORMAL REQUEST FOR WAIVER OF LATE FILING FEES. WE HAVE SENT \$315,00 AND THE UBR FORM. CM IS CAN BE REACHED AT THE ABOVE ADDRESS AND FAX NUMBER. THANK YOU.

sancorety.

77.75.751000048