

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Catherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



99 NOV 22 PM 12:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # P98000098656

1. Corporation Name
F & F GROUP, CORP.

Principal Place of Business: 419 E. FIRST AVE. HIALEAH FL 33010
 Mailing Address: 419 E. FIRST AVE. HIALEAH FL 33010



8/30/99 90003/15 \$550.00

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		4. Date Incorporated or Qualified To Do Business in Florida 11/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0879006	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PTD	FUENTES, FRANKLIN	419 E. FIRST AVE.	HIALEAH FL 33010
SD	FUENTES, ANGELICA	419 E. FIRST AVE.	HIALEAH FL 33010
			100003061701-2 -12/06/99--01095--011 *****8.75 *****8.75
			ITS

8. Name and Address of Current Registered Agent

FUENTES, FRANKLIN
 419 E. FIRST AVE.
 HIALEAH FL 33010

9. Name and Address of New Registered Agent

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

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.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: _____

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:

[Signature] FUENTES FRANKLIN PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)

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Miami, October 19, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.Box 6327
Tallahassee, Florida 32314

Attn: Katherine Harris
Secretary of State


Ref: Notice of Administrative Dissolution
Document P98000098656
F & F Group, Corp.
Incorporated 11/24/1998
FEIN 65-0879006

Dear Sirs:

In accordance with your notice of administrative dissolution, regarding the matter of reference, we disagree with respect to this notice, due we have paid the fee of \$ 550.00 with the check number 1086, which it was received and deposit to your bank in September 2, 1999, as you can see in the reverse of the check enclosed. As you can see it was sent in the correct time of filing.

Please correct your records accordingly and send us a reinstatement letter.

Cordially Yours


Franklin Fuentes
President
F & F Group, Corp.

cc: File
Enc.(4)