PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY -1 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65439

1. Corporation Name

Fabre Design Group, Inc.

10-9987

2. Principal Office Address		**3.** Mailing Office Address	
9404 NW 13 Street		9404 NW 13 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Bay 41		Bay 41	
City & State		City & State	
Miami FL		Miami FL	
Zip	Country	Zip	Country
33172	Miami-Dade	33172	Miami-Dade

REINSTATEMENT 98.00

4. Date Incorporated or Qualified To Do Business in Florida 9/21/92

5. FEI Number 65-0358313 — 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
Fabre, Ernest

600003251196--0
-05/12/00--01113--004
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable)
9404 NW 13 Street

Suite, Apt. #, Etc.
Bay 41

City	State	Zip Code
Miami	FL	33172

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 Ernest Fabre Date 4.26.2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	Fabre, Ernest	9404 NW 13 Street, Bay 41	Miami, FL 33172
VP	Fabre, Alvaro	9404 NW 13 Street, Bay 41	Miami, FL 33172
ST	Kross, Miriam	9404 NW 13 Street, Bay 41	Miami, FL 33172
			SP

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: Ernest Fabre Ernest Fabre, Pres. 4/6/00 (305) 477-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #