

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F71912

1. Corporation Name

Fugon International Corporation

2. Principal Office Address

9313 S.W. 72nd St

Suite, Apt. #, etc.

3. Mailing Office Address

19720 N.W. 41

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

US

Zip

33055

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10-14-86

5. FEI Number

59-2188269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-05

7. Name and Address of Current Registered Agent

Name

Hilleary Sawyer-Joseph

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

19720 N.W. 41st Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

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

Hilleary Sawyer-Joseph

REGISTERED AGENT MUST SIGN

Date

6/17/05

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	Hilleary Sawyer-Joseph	19720 N.W. 41st AV	Miami, FL 33055
N	Derrick Joseph	19720 N.W. 41st AV	Miami, FL 33055

800056614518

06/28/05--01040--020 **1765.00

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:

Hilleary Sawyer-Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/17/05 (305) 812-8386

Daytime Phone #

CR2E031 (01/05)

2007

JUNE 17, 2005

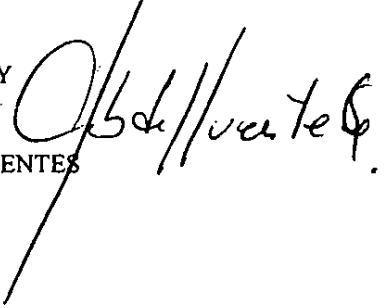
TO: DIVISION OF CORPORATIONS

FROM: ABDUL FUENTES

I AM REQUESTING A FEE WAIVER FOR THE 1995 ANNUAL REPORT OF FUGON INTERNATIONAL CORPORATION / DOCUMENT NUMBER F71912 THAT I NEVER RECEIVED. ENCLOSED IS THE NEW INFORMATION OF THE NEW AGENT AND NEW OFFICERS. PLEASE CONTACT ME AT 786-287-9795 IF YOU HAVE ANY QUESTIONS.

SINCERELY

ABDUL FUENTES

A handwritten signature in cursive script, appearing to read "Abdul Fuentes", is written over the printed name. A long, straight diagonal line is drawn through the signature and extends downwards.