

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # **MO 8515**

1. Corporation Name **F M + SONS INTERNATIONAL Corp**

FILED

99 MAY -4 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business **16375 NE 18th Ave Suite 314 N.M.B FL 33162**  
Mailing Address **P.O. Box 640784 ULETA FL 33164**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable **16375 NE 18th Ave Suite, Apt. #, etc 314 City & State N.M.B FL Zip 33162 County Dade**  
3. New Mailing Office Address, If Applicable **P.O. Box 640784 Suite, Apt. #, etc ULETA City & State FL Zip 33164 County Dade**

4. Date Incorporated or Qualified To Do Business in Florida **1985**  
5. FEI Number **59-2472556**  
6. CERTIFICATE OF STATUS DESIRED ☒ **\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	ANTHONY MUSUMECI	5262 SW 62nd Ave	MIAMI FL 33155
			800002874998--6
			-05/14/99--01011--005
			***1058.75 ***1058.75
			REINSTATEMENT 97-99 B 5/11/99

8. Name and Address of Current Registered Agent

**FRED BONNARDEL  
290 174th St Unit 1503  
SUNNY ISLES FL 33160**

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 **Fred Bonnardel**  
REGISTERED AGENT MUST SIGN

Date **4/26/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. MUSUMECI**

**4/26/99**

**3059454084**

CR2001 (12/98)