

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000025749

1. Corporation Name

FAROY INTERNATIONAL, INC.

Principal Place of Business

2345 NW 7TH ST.
MIAMI FL 33125

Mailing Address

~~2345 NW 7TH ST.~~
~~MIAMI FL 33125~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2000

5. FEI Number

65-0990873

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BATISTA, MARGARITA F	2345 NW 7TH ST.	MIAMI FL 33125

8. Name and Address of Current Registered Agent

BATISTA, MARGARITA F
2345 NW 7TH ST.
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

EMILIO G. FARO

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

3129 JACKSON AVENUE

Suite, Apt. #, Etc.

C

City

COCONUT GROVE

State

FL

Zip Code

33133

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

10/28/02

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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-2002

October 28, 2002

Margarita F. Batista
2345 N.W. 7th Street
Miami, FL 33125

Florida Department of State
Division of Corporations

To whom it may concern

As per our telephone conversation with one of your agents on Monday, October 28, 2002 at 3: 45 p.m. I am enclosing my application for reinstatement with a check for \$ 150.00 and this letter explaining the fact that I never received the original renewal application for my corporation **Faroy International, Inc.** Thank you for your attention to this matter, if you should have any questions or concerns please do not hesitate to contact me at (305) 642-1986.

Very truly yours,


Margarita F. Batista