

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 18 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000043010**

1. Corporation Name

FAIRLEY WORLDWIDE, INC.

Principal Place of Business

**4345 LENNOX DRIVE
COCONUT GROVE FL 33143**

Mailing Address

**4345 LENNOX DRIVE
COCONUT GROVE FL 33143**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/2000

5. FEI Number

65-1008910

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MS.	RUSS, CONNIE L	4345 LENNOX DRIVE	COCONUT GROVE FL 33133

400009052384
11/18/02--01083--014 **750.00

8. Name and Address of Current Registered Agent

**JORGE E. OTERO & ASSOCIATES, P.A.
75 VALENCIA AVENUE
SUITE 400
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name **Connie Russ**
Street Address (P.O. Box Number is Not Acceptable) **4345 LENNOX DRIVE**
Suite, Apt. #, Etc.
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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/16/02**

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 REQUIRED**
Connie Russ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/02 305 6676588

Date Daytime Phone #

CR2E040 (8/02)