

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000056862

1. Corporation Name

FY SOD, INC.

Principal Place of Business

Mailing Address

12045 S.W. 43RD STREET
MIAMI FL 33175

12045 S.W. 43RD STREET
MIAMI FL 33175

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

06/13/2000

5. FEI Number

08-07-01 90014 046 558.75

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTD	VERGARA, FERNANDO	12045 S.W. 43RD STREET	MIAMI FL 33175
SVD	VERGARA, YOLANDA	12045 S.W. 43RD STREET	MIAMI FL 33175

7000004694877--7
-11/27/01--01038--022
****200.00 ****200.00

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAYNE, ROBERT ESQ.
1225 S.W. 87TH AVENUE
MIAMI FL 33174

Name

YOLANDA VERGARA

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

12045 SW 43 st.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/16/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01 305 559-6121

Daytime Phone #