

1672
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # P00000075950

1. Corporation Name

FISTEAC FARM LABOR, INC.
FISTEAC FARM LABOR, INC.

2. Principal Office Address

10397 NW 24th AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

33147

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 7, 2000

5. FEI Number

74-2818993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH FISTEAC

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

10397 NW 24th AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

REINSTATEMENT 02-04
MPL

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

REGISTERED AGENT MUST SIGN

Date

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
PD	FISTEAC, JOSEPH	10397 NW 24th AVE.	MIAMI, FL 33147

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/2/04

Daytime Phone #

786 255-6159

CR2E081 (10/02)

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FISTEAC FARM LABOR INC.
10397 NW 24 AVE
MIAMI, FL 33147

June 2, 2004

Florida Department of State
Corporation Reinstatement
P O BOX 6327
Tallahassee, FL 32314

Dear Sir:

Per our telephone conversation of today, please accept my Reinstatement form together with my check of \$450.00 representing reinstatement fee from 2002 to date.

As I explain during the course of my conversation, I never received any of new corporation annual report form, and furthermore I was out sick and was overseas during that time.

Therefore I beg you to please accept my check of \$450.00 and waive all penalties and late fees. Any help will be greatly appreciated.

Sincerely,

Joseph Fisteac

Joseph Fisteac, President