

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 MAY 10 AM 8:00

DOCUMENT # P00000086596

1. Corporation Name

FADA INVESTMENTS CORP.

2. Principal Office Address  
888 Brickell Key Drive

3. Mailing Office Address  
888 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 1104

Unit 1104

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33131

U.S.

33131

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida 09/13/2000

5. FEI Number  
651048275

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  
Becagli, Marcello

Street Address (P.O. Box Number is Not Acceptable)  
888 Brickell Key Drive

Suite, Apt. #, Etc.  
Unit 1104

City  
Miami

800033555028  
04/22/04--01042--003 \*\*731 25

800033555028  
05/10/04--01026--030 \*\*169.75

State  
FL

Zip Code  
33131

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

*Marcello Becagli*  
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
D	Becagli, Marcello	888 Brickell Key Drive, Unit 1104	Miami, Florida 33131
D	Becagli, Gabriella	888 Brickell Key Drive, Unit 1104	Miami, Florida 33131

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:

*Marcello Becagli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)