

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000109077

1. Corporation Name

FABRE CORP.

Principal Place of Business

Mailing Address

14840 NE 10TH CT.
MIAMI FL 33161

14840 NE 10TH CT.
MIAMI FL 33161

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

2. New Principal Office Address, If Applicable
13766 NE 11 AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

Zip
33161

Country
DADE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/21/2000

5. FEI Number

65-0768952

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
D	FABRE, PATRICK	14840 NE 10TH CT.	MIAMI FL 33161
Treasurer	MITSUKA FABRE	7200 NW 179th, Apt 106	MIAMI LAKES FL 33015

900004717159--1
-12/10/01-01098-021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FABRE, PATRICK
14840 NE 10TH CT.
MIAMI FL 33161

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/12/07

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:

Patrick Fabre

Date 10/12/07 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FABRE CORP.

13766 NE 11 Ave.
Miami, Florida 33141
Phone: (305) 898 0909

October 15, 2001

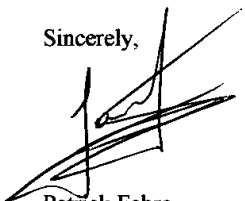
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

I've called last week regarding the reinstatement fee for Fabre Corp. I informed the agent that I have never received the notice because we are no longer in the previous address; therefore, he told me to send this explanation in writing with a check of \$150.00 and the company will be reinstated.

I thank you for your understanding.

Sincerely,



Patrick Fabre