

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000109321**

1. Corporation Name

I.F.F. INC

FILED
02 OCT 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008575277
10/24/02--01095--007 **758.75

2. Principal Office Address

1746 Pierside Cir

Suite, Apt. #, etc. **N/A**

City & State

Wellington, FL

Zip

33414 Palm Beach

3. Mailing Office Address

1746 Pierside Cir

Suite, Apt. #, etc. **N/A**

City & State

Wellington, FL

Zip

33414 Palm Beach

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1058462

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

FERNANDO Gomez de la Torre

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

1746 Pierside Cir

Suite, Apt. #, Etc.

City

Wellington

State
FL

Zip Code

33414

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-21-02

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
P	FERNANDO Gomez de la Torre	1746 Pierside Cir	Wellington, FL 33414
V	Santiago Gomez de la Torre	1746 Pierside Cir	Wellington, FL 33414
S	Andrea Gomez de la Torre	1746 Pierside Cir	Wellington, FL 33414

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

10-21-02

Date

561-452-5638

Daytime Phone #

CR2E081 (9/01)