

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000015498

1. Corporation Name

FAYUTELLA DEVELOPMENT CORPERATION

**REINSTATEMENT 03**

500024850555  
11/19/03--01020--007 \*\*150.00

MRS

2. Principal Office Address

19200 NW 10TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

19200 NW 10TH AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/2001

5. FEI Number

651083086

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip  
33169

Country

DADE

Zip  
33169

Country

DADE

7. Name and Address of Current Registered Agent

Name

REID, SYLVIA

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

19200 NW 10TH AVE

Suite, Apt. #, Etc.

City

MIAMI FLORIDA

State  
FL

Zip Code  
33169

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

*Sylvia Reid*

Date 1-8-04

REGISTERED AGENT MUST SIGN

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	REID, SYLVIA	19200 NW 10TH AVE	MIAMI FLORIDA 33169
VP	REID, LORRAINE	19200 NW 10TH AVE	MIAMI FLORIDA 33169
S	REID, TANYA	19200 NW 10TH AVE	MIAMI FLORIDA 33169
T	REID, GEORGIA	19200 NW 10TH AVE	MIAMI FLORIDA 33169

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:

*Sylvia Reid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-03

Date

Daytime Phone #

CR2E081 (10/02)