

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 JAN 13 AM 8:00

DOCUMENT # P01000015498

1. Corporation Name
FAYUTELLA DEVELOPMENT CORPORATION

2. Principal Office Address 19200 NW 10TH AVE	3. Mailing Office Address 19200 NW 10TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33169	Country DADE
Zip 33169	Country DADE

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

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 <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Date 1-8-03

REGISTERED AGENT MUST SIGN

CR2091 (10/02)

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	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 #