

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **89 10F2**

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 13 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000023668**

1. Corporation Name

FAPPS.NET, INC.

Principal Place of Business

18450 NE 2ND AVENUE
MIAMI FL 33179

Mailing Address

18450 NE 2ND AVENUE
MIAMI FL 33179

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2001

5. FEI Number

32-0040976

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GREENBERG, BILL W.F.	18450 NE 2ND AVENUE	MIAMI FL 33179
D	GREENBERG, DEBORAH L	18450 NE 2ND AVENUE	MIAMI FL 33179

000008625240
10/28/02--01080--017 **150.00

8. Name and Address of Current Registered Agent

GREENBERG, BILL W.F.
18450 NE 2ND AVENUE
MIAMI FL 33179

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/27/2002

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/2002 3057704438

CR2E040 (8/02)

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**BILL GREENBERG
SPECIAL SERVICES, INC.**

18450 NE 2ND AVENUE
MIAMI, FL 33179

October 24, 2002

Office
305.770.4438
Fax
305.770.4458
Research Fax
800.770.4496
E-Mail
bill@bgss.com

FLORIDA DEPARTMENT OF STATE
JIM SMITH
SECRETARY OF STATE
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL 32399

RE: Reinstatement of (FAPPS.NET, INC.)

Dear Secretary of State,

Please reinstate our corporation "FAPPPS.NET, INC." and waive the reinstatement fee. Our corporation has never before received the two prior Uniform Business report notifications. Our first was received today 10/24/2002.

Thank you for your help in this matter and we can be reached at 305.770.4438 or e-mail at bill@bgss.com attention Bill W.F. Greenberg.

Best Regards

Bill W.F. Greenberg, PI
C9700337

Director of Fapps.net, Inc.