

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000069147

1. Corporation Name

F+F Media Corp.

2. Principal Office Address - No P.O. Box #

14978 SW 12TH LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33194

Country

USA

3. Mailing Office Address

14978 SW 12TH LANE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33194

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2001

5. FEI Number

65-1133535

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

Adolfo FERNANDEZ

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

14978 SW 12TH LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33194

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]

Date

7/10/19

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
DPS	Adolfo FERNANDEZ	14978 SW 12TH LANE	MIAMI, FL 33194

REINSTATEMENT

2017-2019

JUL 20 2019

1 ALBRITTON

10. E-mail Address: ANAToledo CPA @ GMAIL . COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Adolfo FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/19

Date

(305) 298-5720

Daytime Phone