PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 24 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800011133338
01/28/03--01061--016 **150.00

DOCUMENT # P01000070714

1. Corporation Name
FATHER & SONS MANAGEMENT CORP

2. Principal Office Address	3. Mailing Office Address
14421 S.W. 88ST	14421 S.W. 88ST
Suite, Apt. #, etc. 401 M	Suite, Apt. #, etc. 401M
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33186 Country	Zip 33186 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1122152 ☐ 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: RONNY RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 14421 S.W. 88 ST
Suite, Apt. #, Etc.: 401 M
City: MIAMI, FLA | State: FL | Zip Code: 33186

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 X _____ REGISTERED AGENT MUST SIGN Date 01-02-2003

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
PD	RONNY RODRIGUEZ	14421 S.W. 88ST 401 M	

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: X _____ RONY RODRIGUEZ PRESIDENT 01-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/29