

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079707

1. Corporation Name

F&M HOME IMPROVEMENT CORP.

Principal Place of Business

317 NW 47TH COURT
FT. LAUDERDALE FL 33309

Mailing Address

317 NW 47TH COURT
FT. LAUDERDALE FL 33309

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

08/01/2001

5. FEI Number

75-3001350

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	Fernando Alicea JR.	317 NW 47TH CT	FLA. LAUD, FL 33309

6000008701416
10/30/02--01085--007 **150.00

8. Name and Address of Current Registered Agent

ALICEA, FERNANDO JR.
317 NW 47TH COURT
FT. LAUDERDALE FL 33309

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02 (954) 4452462

Date

Daytime Phone #

CR2E040 (8/02)

October 24, 2002

Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Reinstatement Department
Re: F&M Home Improvement Corp.
Doc: #P01000079707

To Whom It May Concern:

Please be advised that we are in receipt of your notice of revocation of our Corporation Certificate. Please note that we never received the original Uniform Business Report. Therefore, we were unable to file as required.

At this time, we would like to request that our Corporation certificate be reinstated. We downloaded the required document(s) from your website and have enclosed a check in the amount of \$150.00.

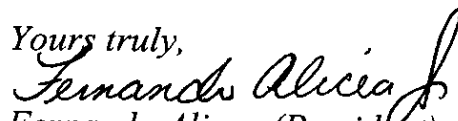
Please note that we were told that the fee of \$150.00 is required due to the fact that we never received the original UBR form. Also note, that this is our first (1st) year having a Corporation therefore, we were unaware of the filing requirements.

We hope that you consider our request for reinstatement. If you should require additional information, please do not hesitate to contact us at:

F&M Home Improvement Corp.
317 NW 47th Court
Ft. Lauderdale, FL 33309

We thank you in advance for your consideration and help in this matter.

Yours truly,


Fernando Alicea (President)
F&M Home Improvement Corp.