PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P01000090658 1. Corporation Name Favi Inc. Z. Principal Office Address - No P.O. Box # B14 Ponce De Leon Boulevard Suite, Apr. #. etc. Suite, Apr						_			
Favi Inc. 2. Principal Office Address - No P.O. Box # Boulevard Suite, Apit # Box # PO Box 330757 Suite 310 City & Stale Coral Gables Wilami, FL Zor 331344 USA 7. Name and Address of Currein Registered Agent Name Fabian Llobell Suite, Apit # Exic Suite Agit # Exic Suite # Exic # Ex	•		Secreta	Secretary of State			20/3 DEC 16 PH		
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Suite 310 City & State Coral Gables Miami, FL Zip 33134 USA 33233-0757 USA The Number of Coral Gables Suite 310 City & State City & State Coral Gables Miami, FL Zip 33233-0757 USA The Number of Coral Gables Street Address of Coral Gables Titles Name of Officers and/or Directors Name of Officers and/or Directors Titles Name of Officers and/or Directors Suite Apr II State I Street Address of Each Officer and/or Directors Signature of Gables Titles Name of Officers and/or Directors Signature of Gables Titles Name of Officers and/or Directors Signature of Gables Signatur	· · · · · · · · · · · · · · · · · · ·								
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Coral Gables Coral Gables Miami, FL 33134 USA 33233-0757 USA 7. Name and Address of Current Registered Agent Name Fabian Llobell Street Address of Dean Officer and/or Directors Registered Agent	Suite 3	310							
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33134 USA 33233-0757 USA 7. Name and Address of Current Registered Agent Name Fabian Llobell Street Address (P. D. Box Number is Not Acceptable) 814 Ponce De Leon Boulevard Suite, Apt. F. Etc. Suite 310 City Coral Gables 8. Libeing 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 9. Names and Street Addresses of Each Officer and/or Directors Officers and/or Directors Officers and/or Directors Officer and/or Directors Officer and/or Director P,D Fabian Llobell 814 Ponce De Leon Blvd #310 Coral Gables FL 33134 S. HAWKES DEC 17.2013 EXAMINER			'		·	1 1 2			-
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10. E-mail Address: ALLW OODS & BELLSOUTH, NET	^{10.} E-mail	Address:	2000 W11A	e B	ellsout	M. HET	-		

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 filling 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 telony as provided for in s.817.155, F.S.

SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(To be used for future annual report notification)