

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 DEC 16 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090658

1. Corporation Name

Favi Inc.

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

814 Ponce De Leon Boulevard

Suite, Apt. #, etc.

Suite 310

City & State

Coral Gables

Zip

33134

Country

USA

3. Mailing Office Address

PO Box 330757

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33233-0757

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
09/14/2001

5. FEI Number

65-1137715

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

Fabian Llobell

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

814 Ponce De Leon Boulevard

Suite, Apt. #, Etc.

Suite 310

City

Coral Gables

State

FL

Zip Code

33134

400254738324
12/16/13--01002--005 **750.00

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

REGISTERED AGENT MUST SIGN

Date

Dec 11 2013

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
P, D	Fabian Llobell	814 Ponce De Leon Blvd #310	Coral Gables FL 33134

REINSTATEMENT

2013-13

S. HAWKES

DEC 17 2013

EXAMINER

10. E-mail Address: ALLWOODS@BELLSOUTH.NET

(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:

Fabian Llobell

Dec 11 2013

Date

Daytime Phone #

305-323-1929