PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| **CORPORATION REINSTATEMENT** | FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS | FILED

09 OCT 29 AM 7: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

DOCUMENT

1. Corporation Name

FF Consulting & Graphics

WO9-39/90

REINSTATEMENT 06-09
0c10/29

2001600 79712
08/28/09 01047 011 $554.00
09-14-09 01002 010 $46.00

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1950 S. Ocean DR	1950 S. Ocean DK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lower Lobby	9. H
City & State	City & State Hallandale, Fl 33009
1550 S. Ocean DR Fl	1950 S. Ocean DR
Zip 33009	Country	Zip 33009	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/1/09

5. FEI Number 01-549054 ☐ 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 MARK GROSSMAN

Street Address (P.O. Box Number is Not Acceptable) 1950 S. Ocean DR

Suite, Apt. # etc. 9H

City Hallandale State FL Zip Code 33009

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 8/28/09

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
PRes	MARK GROSSMAN	1950 S. Ocean DR	Hallandale Fl 33009

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 contained in Chapter 119, 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: _____ Date 8/28/09 Daytime Phone # 757-458-110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR