

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041038

1. Corporation Name

F S AND SONS CORPORATION

2. Principal Office Address

11821 SW 25 TERR.

3. Mailing Office Address

11821 SW 25 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33175

Country

Zip

33175

Country

W06-42699
REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida **04/16/2002**

5. FEI Number

☒ 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

FATIMA SCHWANK

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

11821 SW 25TH. TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

Date

9/26/06

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
P/D/	FATIMA SCHWANK	11821 SW 25TH. TER	MIAMI, FL. 33175
			500080688225 10/10/06--01060--001 **150.00
			500080688225 10/10/06--01060--002 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/06

Daytime Phone #

2/2

**F S AND SONS CORPORATION
11830 SW 25TH. TERRACE,
MIAMI, FL. 33175**

September 26, 2006

**FLORIDA DEPARTMENT OF STATE,
Division of Corporations,
P O Box 6327
Tallahassee, FL. 32314**

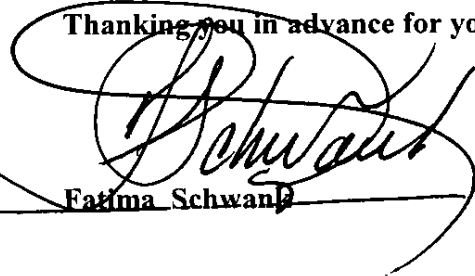
Ref.: Annual Corporation Report

Dear Sir/Madam:

Attached you will find our UBR to reinstate our Corporation because we have never received the documentation from you and, on the other hand, we have moved to a new address and at this time , when we have reviewed your records we found that was dissolved certain time during 2003 so, in order to clarify our status before the Department of State and restart to do business in the State of Florida.

We are apologizing about this special situation and we are appreciating your help on this matter.

Thanking you in advance for your attention to this matter, we remain;



Fatima Schwandt