


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # P02000040423

1. Corporation Name

F.T.L. Inc

2. Principal Office Address

4223 SW 141 Ave

Suite, Apt. #, etc.

City & State

Davie FL

Zip

33330

Country

USA

3. Mailing Office Address

4223 SW 141 Ave

Suite, Apt. #, etc.

City & State

Davie FL

Zip

33330

Country

USA

**FILED**

06 FEB 22 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800066553618  
02/24/06--01011--013 \*\*450.00

**REINSTATEMENT** 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/20/02

5. FEI Number

65-0689060

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

Lourdes Oballe

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

4223 SW 141 Ave

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33330

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

Lourdes Oballe

Date

2/17/06

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
President	<u>Lourdes Oballe</u>	<u>4223 SW 141 Ave Davie FL</u>	<u>Davie FL 33330</u>
Director	<u>Fernando Oballe</u>	<u>422 SW 141 Ave</u>	<u>Davie FL 33330</u>

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:

Lourdes Oballe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/06

Daytime Phone #

(786) 24-1968

TO: Whom it may concern:

2/17/06

please excuse my late payment.

Due to the Hurricanes in South  
Florida I had misplace lots  
of paper work. Lots of  
damage was done to my ~~house~~ house.  
Paper work was damaged  
Please waive ~~the~~ the fees if  
possible

Thank you

Lardes Oballe