

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000098117**

1. Corporation Name

**FIGS AND ASSOCIATES, INC.**

Principal Place of Business

615 CONDE AVE  
CORAL GABLES FL 33156

Mailing Address

615 CONDE AVE  
CORAL GABLES FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/11/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FIGUEROA, FABIAN	615 CONDE AVE	CORAL GABLES FL 33156

300024264993  
10/30/03--01005--025 \*\*150.00

8. Name and Address of Current Registered Agent

FIGUEROA, FABIAN  
615 CONDE AVE  
CORAL GABLES FL 33156

9. Name and Address of New Registered Agent

Name

FIGUEROA, FABIAN

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

615 CONDE AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGN Fabian Figueroa Torres  
REGISTERED AGENT MUST SIGN

Date 10.27.2003

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., 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 under section 119.07(3)(i), 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:

SIGN Fabian Figueroa Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.27.2003

Date

(305)666.6901

Daytime Phone #

CP2E040 (7/03)

October 27, 20003

To : Glenda E. Hood  
Secretary of State  
Diviision of Corporation  
Florida department Of State

From : Fabian Figueroa  
President  
Figs and Associates, Inc.

~~Herewith to request the waiving of the reinstatement fee since no previous~~  
UBR notices were received. I am sending the completed application and a  
check of \$150.00.

*Fabian Figueroa*

Fabian Figueroa  
President  
Figs and Associates, Inc

