PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700028699757
02/13/04--01023--008 **300.00

DOCUMENT # P02000115920

1. Corporation Name

Faded, Inc.

REINSTATEMENT 07-04

2. Principal Office Address	3. Mailing Office Address
615 Washington Ave.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State
Zip: 33139 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 10-29-02

5. FEI Number: X 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: Alexys Gonzalez

Street Address (P.O. Box Number is Not Acceptable): 615 Washington Ave.

Suite, Apt. #, Etc.

City: Miami Beach State: FL Zip Code: 33139

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: 2/6/04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Alexys Gonzalez	615 Washington Ave	Miami Beach, FL 33139

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 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: [signature] 2/6/04 305-532-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Feb. 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Faded, Inc.
Doc. #P02000115920

To Whom It May Concern;

I am writting to inform you that I have not received my annual report for 2003. Enclosed is a money order in the amount of $300.00 to reinstate my corporation and ask that you please waive the penalty fee. I thank you in advance for your consideration and time.

Sincerely,