

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

DOCUMENT # **P02000115920**

1. Corporation Name

Faded, Inc.

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

2. Principal Office Address

615 Washington Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

USA

Zip

Country

REINSTATEMENT

03-04

4. Date incorporated or Qualified
To Do Business in Florida

10-29-02

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

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

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)(f), 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

[Signature]

2/6/04 35-532-3333

Date

Daytime Phone #

Feb. 6, 2004

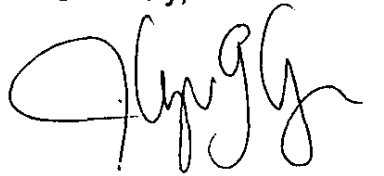
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Faded, Inc.
Doc. #P02000115920

To Whom It May Concern;

I am writing 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,

A handwritten signature in black ink, appearing to be "Faded, Inc." or similar, written in a cursive style.