

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 JUN -8 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO 2000134627

1. Corporation Name

2 F Properties, Inc

2. Principal Office Address

10630 N.W 37 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

10630 N.W 37 Terr

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/02

5. FEI Number

35-2194819

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-05

**7. Name and Address of Current Registered Agent**

Name

Oscar D. Fonseca

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

10505 NW 37 Ave Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 5/26/05

**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	Oscar D. Fonseca	14250 S.W. 72 Ave.	Miami, FL 33158
S/T	Bela Fulop	P.O. Box 453206	Miami, FL 33245

000055903930  
06/08/05--01047--005 \*\*1050.00

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 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: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 437-9855

CR2E081 (01/05)