

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000069343

1. Corporation Name

FYNE ENTERPRISE, INC

2. Principal Office Address - No P.O. Box #

17837 SW 114 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

3. Mailing Office Address

17837 SW 114 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

7. Name and Address of Current Registered Agent

Name

ADRIAN FYNE

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

17837 SW 114 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Adrian Fyne

REGISTERED AGENT MUST SIGN

Date **1/18/07**

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	ADRIAN FYNE	17837 SW 114 AVE	MIAMI, FL 33157

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:

Adrian Fyne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/07

Date

305-979-3770

Daytime Phone #

FILED

07 JAN 24 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100088710391
02/19/07--01020--007 **\$600.00

REINSTATEMENT

04-07

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/03

5. FEI Number

55-0845172

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

17837 SW 114th Avenue
Miami, FL 33157

2022

Fyne Enterprise, Inc.

January 18, 2007

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

Dear Sir or Madam:

We did not receive any prior notification regarding the annual fee and are hereby requesting that the reinstatement fee be waived.

Sincerely,

Adrian Fyne

Adrian Fyne
President

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