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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000119076

REINSTATEMENT 04-05

1. Corporation Name

FBF CORP.

2. Principal Office Address	3. Mailing Office Address
92 Sadberry Road	92 Sadberry Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Quincy, Florida	City & State: Quincy, Florida
Zip: 32351 Country: US	Zip: 32351 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/2003

5. FEI Number: 20-0349086 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: A1A Registered Agent Inc.

Street Address (P.O. Box Number is Not Acceptable): 92 Sadberry Road

Suite, Apt. #, Etc.:

City: Quincy State: FL Zip Code: 32351

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: _____ Date: 4-13-2005
REGISTERED AGENT MUST SIGN

CR2E081 (8/01)

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
DP	FABRIZIO BUFFA	92 Sadberry Road	Quincy, Florida 32351

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: _____ FABRIZIO BUFFA 4-13-2005 0033 6 2372 2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DATE: 04-13-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: FBF CORP.
FABRIZIO BUFFA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 0033 6 2372 2422

THANKS,

FBF CORP.
FABRIZIO BUFFA

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

FBF CORP.

Certificate of Status	0
Certified Copy	0
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