

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -7 AM 10:25

DOCUMENT # 804000047851

1. Corporation Name

FIMI INVESTMENTS, INC

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

3378 BRADEMHAM LANE

3. Mailing Office Address

3378 BRADEMHAM LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33328

Country

USA

Zip

33328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/2004

5. FEI Number

57-1201410

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
INGRID WOUNG

Street Address (P.O. Box Number is Not Acceptable)
3378 BRADEMHAM LANE

Suite, Apt. #, Etc.

City
DAVIE

State
FL

Zip Code
33328

☐ 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.

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

Ingrid Woung
REGISTERED AGENT MUST SIGN

Date

2/21/08

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
PRESIDENT	NOWL WOUNG	3378 BRADEMHAM LANE	DAVIE, FL 33328
SECRETARY	INGRID WOUNG	3378 BRADEMHAM LANE	DAVIE, FL 33328
V-PRES	CHRISTIAN NASRALLA	961 SEVILLE CIRCLE	WESTON, FL 33326
TREASURER	DEBORAH WOUNG	3378 BRADEMHAM LANE	DAVIE, FL 33328

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03/04/08--01020--023 **516.25

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04/17/08--01012--012 **542.50

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/21/08

Daytime Phone #