

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

17 JUN 19 PM 4:36

DOCUMENT # P05000043234

1. Corporation Name

Faton, Inc.

800300471638

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

3301 North University Drive

Suite, Apt. #, etc.

300

City & State

Coral Springs, Florida

Zip

33065

Country

USA

3. Mailing Office Address

3301 North University Drive

Suite, Apt. #, etc.

300

City & State

Coral Springs, Florida

Zip

33065

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2005

5. FEI Number

20-5601783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

M. Zender

Melissa Zender

REGISTERED AGENT MUST SIGN

Asst. Vice President

Date

6/16/17

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
Pres	Michael Marrache	3301 N UNIVERSITY DR. SUITE 300	CORAL SPRINGS, FL 33065
Sec	Todd Zarin	3301 N UNIVERSITY DR. SUITE 300	CORAL SPRINGS, FL 33065
Treas	Robert Solarana	3301 N UNIVERSITY DR. SUITE 300	CORAL SPRINGS, FL 33065

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/2017

954-5045381

Date

Daytime Phone #

RC 6/20/17

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 689177 7490672

AUTHORIZATION :

COST LIMIT :

\$908.75

ORDER DATE : June 16, 2017

ORDER TIME : 3:06 PM

ORDER NO. : 689177-005

CUSTOMER NO: 7490672

DOMESTIC FILINGS

NAME: FATON, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

_____ PLAIN STAMPED COPY

XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF REVENUE
17 JUN 16 PM 4:19