


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115594		
1. Entity Name FAVIN INC.		

FILED
2007 JAN 23 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 11927 SW 102 TERRACE MIAMI, FL 33186	Mailing Address 11927 SW 102 TERRACE MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # 8550 S.W. 109th Ave.	3. Mailing Address 8550 SW 109th Ave.
Suite, Apt. #, etc. APT 230	Suite, Apt. #, etc. APT 230
City & State MIAMI FL	City & State MIAMI FL
Zip 33173	Country USA

01132007 REIN-P CR2E098 (1/07)

4. FEI Number 20-3508878	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FABBRI, ALDO R 11927 SW 102 TERRACE MIAMI, FL 33186	
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7. Name and Address of New Registered Agent	
Name ALDO H. FABBRI	
Street Address (P.O. Box Number is Not Acceptable) 8550 S.W. 109th Ave, APT 230	
City MIAMI	FL Zip Code 33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Aldo R. Fabbri, Sr. DATE 01/13/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABBRI, ALDO R 11927 SW 102 TERRACE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABBRI, JAIME 11927 SW 102 TERRACE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDO H. FABBRI 8550 S.W. 109 AVENUE, APT 230 MIAMI FL 33173. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400086468004 01/30/07--01003--029 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 1/25/07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: [Signature] DATE 01/13/2007 TIME 1:30 PHONE # 735-3635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR