

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 JAN -3 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DM 1-11-08.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000080074

1. Corporation Name
FOX MULTI SERVICES CORP.

2. Principal Office Address - No P.O. Box #
7801 N.W. 37 ST.

3. Mailing Office Address
7801 N.W. 37 ST.

Suite, Apt. #, etc.
TGU 251

Suite, Apt. #, etc.
TGU 251

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33166

Country
MIAMI-DADE

Zip
33166

Country
MIAMI-DADE

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida 06/09/2006

5. FEI Number
20-5050099

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
SALVADOR COVELLO

Street Address (P.O. Box Number is Not Acceptable)
7801 N.W. 37 ST.

Suite, Apt. #, Etc.
TGU 251

City
MIAMI

State
FL

Zip Code
33166

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/20/07

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/S/T DIR.	SALVADOR COVELLO	7801 N.W. 37 ST (TGU 251)	MIAMI, FL. 33166

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01/03/08--01022--007 **150.00

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]

SALVADOR COVELLO

12/20/07

770-906-2982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #