

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO6060101039

1. Corporation Name

FACE TO FACE, INC.

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

201 Bentbough DR.

Suite, Apt. #, etc.

Leesburg FL.

City & State

FLORIDA

Zip  
34748

Country

USA

3. Mailing Office Address

201 Bentbough DR.

Suite, Apt. #, etc.

Leesburg FL.

City & State

FLORIDA

Zip

34748

Country

USA

100163382781  
12/07/09--01066--007 \*\*308.75

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/2006

5. FEI Number

205312096

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BENJAMIN BROWN

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

201 Bentbough DR.

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

☒ 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

BENJAMIN BROWN

REGISTERED AGENT MUST SIGN

Date 12-2-09

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
OWNER	Benjamin BROWN	201 Bentbough DR.	Leesburg FL 34748
	A 12/8		

10. E-mail Address: bbrown@comcast.net

(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., 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.

SIGNATURE:

BENJAMIN BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-09

Date

352-617-5064

Daytime Phone #