


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
Amended AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P07000002627*

1. Corporation Name

Fairway Marketing, Inc

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

8201 Peters Road

Suite, Apt. #, etc.

Suite# 1000

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

8201 Peters Road

Suite, Apt. #, etc.

Suite# 1000

City & State

Plantation, FL

Zip

33324

Country

USA

FILED

11 NOV -9 AM 10:42

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/2007

5. FEI Number

20-8169627

☐ 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

Edward Moise

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

5304 NW 67th Avenue

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

700214153627
*11/09/11--01024--005 **750.00*

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

Edward Moise

REGISTERED AGENT MUST SIGN

Date *11/03/2011*

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	Edward Moise	5304 NW 67th Ave	Lauderhill, FL 33319
VP	Steven Kashi	10621 NW 5th Street	Plantation, FL 33324
Secretary	Jason McCleod	2212 Belmont Lane	North Lauderdale, FL 33068

10. E-mail Address: *edmoise@gmail.com*

(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:

Edward Moise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2011

Date

954-270-9322

Daytime Phone #