

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 28 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 893-9319

1. Corporation Name

FANNY HANONO INVESTMENT CORP.
(C/O GFX, INC)

200022078902
08/05/03--01066--038 **900.00

2. Principal Office Address

15750 NW 59 Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33014

Country

USA

3. Mailing Office Address

15750 NW 59 Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33014

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0466836

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

FANNY HANONO (C/O GFX, INC)

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

15750 NW 59 Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33014

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

Fanny Hanono

REGISTERED AGENT MUST SIGN

Date 7-10-03

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	FANNY HANONO	15750 NW 59 Avenue	MIAMI, FL 33014

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fanny Hanono

Date

6/09/03

Daytime Phone #

305-582-2290

CR2E081 (10/02)

7/25