

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 13 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000020271

1. Corporation Name

F.S.F. Enterprises, Inc.

Principal Place of Business

Mailing Address

1920 E. 7th Ave.
Tampa, FL 33605
US

1920 E. 7th Ave
Tampa, FL 33605
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4/16/93 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-3175290 | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|---------------------------------------|---|--------------------|
| P/D | Director/President Ferrerri, Frank | 1920 E. 7th Ave Tampa, FL 33605 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300002459713--7
-03/17/98--01073--004
****315.00 ****315.00

WSP
3/13/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ferrerri, Frank
1920 E. 7th Ave
Tampa, FL 33605

| | |
|--|----------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | |
| City | State Zip Code |
| | FL |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)

Frank S. Ferrerri, President 3/12/98 (813) 247-7028

Date Daytime Phone #

CR2E040 (1/98)

(2)



March 12, 1998

Division of Corporations,

This is my second reinstatement filing. My first reinstatement, I forgot to list officers/directors. I also have included my 1997 filing which was supposedly lost, as the check did not clear the bank. Your office indicated in February that \$315.⁰⁰ would take care of 1997 & 1998. If there are any questions, I can be contacted at (813) 247-7028.

Sincerely,

Frank S. Ferreri
Frank S. Ferreri