

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

98 MAR 16 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065541

1. Corporation Name

FAYON'S FREIGHT FORWARD, INC

Principal Place of Business

Mailing Address

2545 B NW 72nd AVE
MIAMI, FL 33122

2545 B NW 72nd AVE
MIAMI, FL 33122

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	FAYSSURY MONTOLYA	2545 B NW 72nd AVE MIAMI, FL 33122	MIAMI, FL 33122

900002459709--9
-03/17/98--01073--002
***315.00 ***315.00

3/16/98

8. Name and Address of Current Registered Agent

FAYSSURY MONTOLYA
2545 B NW 72nd AVE
MIAMI, FL 33122

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

FAYSSURY MONTOLYA

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.03, Florida Statutes.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

FAYSSURY MONTOLYA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(2)

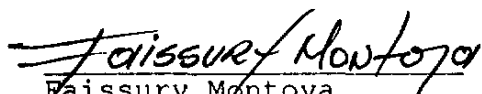
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$315.00 for the annual report fee with my reinstatement application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **FAYOR'S FREIGHT FOWARD, INC.**

Thank you for your courtesy in this matter.


Faissury Montoya
President/Secretary