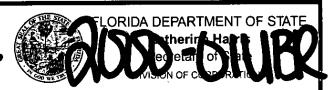
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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## DOCUMENT # 79400069930

1. Corporation Name

SIGNATURE:

FILED JAN 19 AM 9:58

SECRETARY OF STATE TALLAHASSEE FLORIDA

| 7                       | FUF INC.                                |   |             |                            |                       |  |  |  |
|-------------------------|---|---|-------------|----------------------------|-----------------------|--|--|--|
|                         |   |   |             |                            |                       |  |  |  |
| 2. Principal Office Add | ddress 3. Mailing Office Address        |   |             | -                          |                       |  |  |  |
| 7640 SOC                | THUATE BLUD.                            | 7640 So   | νοτάς       | ATE BLUD                   |                       |  |  |  |
| Suite, Apt. #, etc.     |   | Suite, Apt. #, etc.                               | i           |                            |                       | in a contractification of the contraction of the co |  |  |
| 42                      | Α.                                      |   | #2A         |                            |                       | orporated or Qualified usiness in Florida  | 33/94-·  |  |
| City & State            |   | City & State                                      |             |                            | 5. FEI Numi           | ***  | Applied For  |  |
| NURTH LAUDER            | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | <del>                                      </del> | NDERD       |                            | 65                    | 6505 22996 Not Applicable  |  |  |
| Zip<br>33068            | Country U.S.A.                          | Zip   |             | Country USA                | 6. CERTIFICA          | ATE OF STATUS DESIRED  | 8.75 Additional Fee required for a Certificate of Status |  |
| 7 <i>5</i> 069          | U.>.A.                                  | 33068   |             |                            |                       |  | for a Certificate of Status                              |  |
| Name                    |   | / Name  | e and Auc   | Idress of Current Regis    | itered Agent          |  |  |  |
|                         | CURT AND                                | 2090  |             |                            |                       |  |  |  |
| Street Ad               | ddress (P.O. Box Number is No           | lot Acceptable)                                   | <u> </u>    | - 2 A. C.                  | erie<br>6             | -02/05/01  | 20051<br>-01008010                                       |  |
| Suite, Ap               | ut. #, Etc.                             | 4214  | BLV         | NE RAY CI                  | KUL                   | <del>****300.00</del>  | <del>) ****30</del> 0.00                                 |  |
|                         |   |   |             |                            |                       |  |  |  |
| City                    | AKE WORTH                               |   |             |                            |                       | State Zip Code 3341  | 67   |  |
|                         | he registered ageny of the abo          | ove named corporati                               | ion, am far | miliar with and accept th  | e obligations of sec  | 2.7 6 %  |  |  |
| Signature of            | Must (Und                               | /<br>240  |             |                            |                       | 1.15   |  |  |
| Registered Agent        | WU YIW                                  | EGISTERED AGENT                                   | T MUST S    | SIGN                       |                       | Date ///   | <u> </u>   |  |
| 9_ Names and Street     | Addresses of Each Officer and           | d/or Director (Florid:                            | a nonprofit | t corporations must list ε | at least 3 directors) |  |  |  |
| Titles                  | Name of                                 |   |             | Street Address of E        | ach                   |  | State / Zip  |  |
| PT                      | Officers and/or Directors               |   |             | Officer and/or Direct      | ctor                  |  |  |  |
| D. Cur                  | et Andros -                             |   | 0574        | -BLUE BAY                  | CIRCLE -              | LAKEWURTH F  | 2 33467  |  |
| D NEL                   | sy Andros                               | 6   |             | BLUE BAY C                 |                       | LAKEWORTH F  | FL 33467   |  |
|                         |   |   |             | <u></u>                    |                       |  |  |  |
| u.                      |   |   |             |                            |                       |  |  |  |
| V                       |   |   |             |                            |                       |  |  |  |
|                         |   |   |             |                            |                       |  |  |  |
|                         |   |   |             |                            |                       |  |  |  |
|                         | ***                                     |   | 144         |                            |                       | phontor 607 or 617 E.C. I furth  | and the 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 

1-15-01

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012

To whom it may concern,

I am writing in response to the inactive status of my corporation. I realize that it is my responsibility to make sure the corporation is in active status. I believe that there was an error on the change of address that occurred on 02/23/99. If you will notice that the principal address was changed correctly, but the mailing address was not changed as requested. Whoever was supposed to change the address left the old address there. I would ask that due to this error, that the state might wave the late fees that I have to pay. Please let me know if there is anything, I may due to fix this problem.

Thank you,

Curt-Andros,-

President, POF, INC.

7640 Southgate Blvd. #2A North Lauderdale, Fl. 33068

(954) 726-6444