

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY -7 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000027387**

1. Corporation Name

FORM & FUNCTION INC

2. Principal Office Address

545 W 12 STREET

3. Mailing Office Address

6001 SW 116 ST

Suite, Apt. #, etc.

1-A

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

MIAMI FL

Zip

33010

Country

DADE

Zip

33156

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

4-3-95

5. FEI Number

65-0571422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800005677638--0

-06/04/02--01061--005

******300.00 ****300.00**

7. Name and Address of Current Registered Agent

Name

JORGE SANCHEZ

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

6361 BIRD ROAD

Suite, Apt. #, Etc.

City

MIAMI FLORIDA

State
FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date **MAY - 3 - 2001**

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	VICTOR ANGULO	6001 SW 116 ST	MIA, FL 33156

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

MAY - 3 - 2001 305 665-1909

Date

Daytime Phone #

CR2E081 (9/01)



FORM & FUNCTION

CONSTRUCTION & DESIGN GROUP

May 3, 2002

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Corporation

To whom it may concern,

Two years ago my company moved to a new location. I notified all parties that might be corresponding with Form and Function Inc, and a change of address form was also filed with the United States Post Office. However, not all correspondence reached our new address including the Annual Report Form that is required to be filed with the Department of State.

As the person I spoke on the phone with in Tallahassee yesterday suggested, I am sending a completed reinstatement application with Three Hundred Dollars (Two years filing fees) along with this letter of explanation, and I hope my application is accepted.

Sincerely,

Victor Angulo
Form & Function Inc, President
305 975-0400