Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000259932 3)))

H09000259932 3ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

000668.116100.5

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: aiglesias@kaufmanrossin.com

CORPORATION REINSTATEMENT

3F HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$900.00~~

$300.00, client did not receive annual report reminder*

Electronic Filing Menu Corporate Filing Menu Help

H09000259932 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 DEC 17 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070200

1. Corporation Name

3F HOLDINGS, INC.

REINSTATEMENT 08-09

WOP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address c/o Steven M. Demar
2699 S. Bayshore Dr.	2699 S. Bayshore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	Suite 300
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33133 / USA	33133 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/12/1995

5. FEI Number: 650639552 ☐ 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: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12-17-09

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
D/P	Lilia Judith Tovar De Leon	2699 S. Biscayne Dr., Suite 300	Miami, FL 33133
D/VP/S	Vernon Emmanuel Salazar Zurita	2699 S. Biscayne Dr., Suite 300	Miami, FL 33133
D/T	Delio Jose De Leon Mela	2699 S. Biscayne Dr., Suite 300	Miami, FL 33133

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 contained in Chapter 119, 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: _____ Lilia Judith Tovar De León 12/10/2009 (507) 269 -2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #