

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000003644**

1. Corporation Name

F&D MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**13320 SW 128ST
MIAMI FL 33186**

**13320 SW 128ST
MIAMI, FL 33186**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-98

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0632269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

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
D/P	DAVID BRODY	13320 SW 128ST	MIAMI FL 33186
D/V	FREDERICK BRODY	13320 SW 128ST	MIAMI FL 33186
			200002681492--9
			-11/05/98-01087-004
			***908.75 ***908.75

8. Name and Address of Current Registered Agent

**ZIMMERMAN, MICHAEL J
13320 SW 128ST
MIAMI, FL 33186**

9. Name and Address of New Registered Agent

Name **DAVID BRODY**
Street Address (P.O. Box Number is Not Acceptable)
13320 SW 128ST
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/9/98**

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/98
Date

Daytime Phone #

CR2E040 (1988)