

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000039869**

1. Corporation Name

F & A INTERNATIONAL, INC.

99 APR 12 11 01 AM
TALLAHASSEE

Principal Place of Business 6405 NW 36TH ST 202E MIAMI FL 33166 US	Mailing Address 6405 NW 36TH ST 202E MIAMI FL 33166 US
--	--



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

2 New Principal Office Address, If Applicable 3267 W 70 Terr. Suite, Apt. #, etc.	3 New Mailing Office Address, If Applicable 3267 W 70 Terr. Suite, Apt. #, etc.	4 Date Incorporated or Qualified To Do Business in Florida 05/09/1996
City & State Hialeah, FL	City & State Hialeah, FL	5 FEI Number 65-0681815
Zip 33018	Country US	Applied For <input type="checkbox"/> Not Applicable
6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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
DPT	SANCHEZ, FABIOLA	700+ NW 46TH ST SUITE A-120	PLANTATION FL
DVS	LEON, ALDO G	311 NW 87TH DR SUITE 214	PLANATION FL
DPT	Calzadilla, Manuel	3267 W. 70 Terrace	Hialeah, FL 33018
DVS	Leon, Aldo G	11821 NW 29 Manor	Sunrise, FL 33324

REINSTATEMENT 95-97 TS 4/14/99

8. Name and Address of Current Registered Agent SANCHEZ, FABIOLA 10401 W. BROWARD BLVD., STE. 207 PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Calzadilla, Manuel Street Address (P.O. Box Number is Not Acceptable) 3267 W 70 Terrace Suite, Apt. #, Etc. City Hialeah, FL
---	---

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

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)(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

3/15/99 (305) 498-4440
Date Phone #

CR2E040 (9/98)