

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044036

1. Corporation Name
Fanik Enterprises, Inc.

2. Principal Office Address, Ala. P.O. Box #
401 E. Las Olas Boulevard 401 E. Las Olas Boulevard

Suite Apt # etc
Suite #180 Suite #180

City & State
Ft. Lauderdale, FL Ft. Lauderdale, FL

Zip
33301 Broward 33301 Broward

[Handwritten Signature]

REINSTATEMENT 97-07

4. Date Incorporated or Qualified To Do Business in Florida 05/23/1996

65-0677517 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

Fabio Hoyos
401 E. Las Olas Boulevard
Suite #180
Ft. Lauderdale State FL 33301

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 *Fabio Hoyos* Date 8/1/2007
REGISTERED AGENT MUST SIGN

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	Fabio Hoyos	11111 Biscayne Blvd. #955	Miami, FL 33181

300107253318
08/03/07--01051--007 **1665.00

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: *Fabio Hoyos* Fabio Hoyos 08/01/2007 305-305-7918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #