


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED
02 JUN -4 PH 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044376
1. Corporation Name
F&O Investments Inc.

2. Principal Office Address
3320 NE 165 ST

3. Mailing Office Address
3320 NE 165 ST

Suite, Apt. #, etc.

City & State
North Miami FL

Zip Country
33160 Dade

4. Date Incorporated or Qualified To Do Business in Florida 1987

5. FEI Number 65-0679068
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

400005754424--5
-06/11/02--01106--016
***1450.00 ***1450.00

7. Name and Address of Current Registered Agent

Name Ramin Offer 357125-AR
Street Address (P.O. Box Number is Not Acceptable) 3320 NE 165 ST 10100-AR
Suite, Apt. #, Etc. 98-75-ARS 4PK
City North Miami FL State FL Zip Code 33160

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 [Signature] Date 5/30/02
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	TALI EVENZUR	3320 NE 165 ST	North Miami FL 33160

00-02 00-02:178

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)(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: TALI EVENZUR 5/30/02 954-868-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (9/01)