...AD ALL INSTRUCTIONS BEF... ...COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000094791

1. Corporation Name
F.E.M.A.L. BUSINESS CORP.

Principal Place of Business	Mailing Address
7520 SW 107th Avenue #102 Miami, Fl 33173	

REINSTATEMENT 12-99

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
16406 SW 77 Terr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33193 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/19/96

5. FEI Number: 65-0709283 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	Federico McCormack	16406 SW 77th Terr.	Miami, Fl 33193

LS
200003077822--T
-12/22/99--01047--005
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Federico McCormack
7520 SW 107 Ave #102
Miami, Fl 33173

9. Name and Address of New Registered Agent

Name: Federico McCormack
Street Address (P.O. Box Number is Not Acceptable): 16406 SW 77th Terr.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33193

CR2E040 (1/96)

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: x [signature] REGISTERED AGENT MUST SIGN Date: 12-16-99

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: x [signature] 12-16-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

prepared by: Federico McCormack 16406 SW 77th Terr. Miami, Fl 33193