PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
00 MAY -1 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026647

1. Corporation Name
F & S COMMUNICATIONS, INC.

**REINSTATEMENT** 99.00

2. Principal Office Address
1825 S W 21 TERR
Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip 33145 Country DADE

3. Mailing Office Address
Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 3-/-25-/-97

5. FEI Number 65-0741714 ☐ 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

Name
LEONOR M. LEAL

Street Address (P.O. Box Number is Not Acceptable)
220 MIRACLE MILE SUITE 206

Suite, Apt. #, Etc.

City
CORAL GABLES, FL 33134

State FL Zip Code 33134

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05/12/00 01033-007
****900.00 ****900.00

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 Leonor M. Leal
REGISTERED AGENT MUST SIGN

Date 4/28/00

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 |
|---|---|---|---|
| P/T/D | FACHE, FRANCOIS | 1825 S W 21TH TERR | MIAMI, FL 33145 |
| V/S/D | FACHE, VIVIAN | 1825 S W 21 TERR | MIAMI, FL 33145 |
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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)(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: FRANCOIS FACHE 4/28/2000 (305)860-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #