

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 APR 23 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000041646

**1. Corporation Name**

FARIN ENT INC  
1105 MARTIN DOWNS  
PALM CITY, FL 34990

**2. Principal Office Address**

1105 MARTIN DOWNS

Suite, Apt. #, etc.

**City & State**

PALM CITY, FL

Zip  
34990

Country

MARTIN

**3. Mailing Office Address**

1105 MARTIN DOWNS

Suite, Apt. #, etc.

**City & State**

PALM CITY, FL

Zip

34990

Country

MARTIN

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

5-9-97

**5. FEI Number**

65-0752034

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**

JOHN FARINACCI

**Street Address (P.O. Box Number is Not Acceptable)**

253 VILLA ST.

Suite, Apt. #, Etc.

**City**

STUART

State  
FL

Zip Code

34990

**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

John M. Farinacci

Date 4-20-01

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
RES	JOHN FARINACCI	253 VILLAS ST.	STUART, FL 34990

**REINSTATEMENT**

00-01

FI TS

**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:**

John Farinacci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

561-287-3099

Daytime Phone #

CR2E081 (9/00)