

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P97000062869

1. Corporation Name

Farcom Communications, Inc.

2. Principal Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

3120

City & State

Miami, FL

Zip

33131

Country

3. Mailing Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

3120

City & State

Miami, FL

Zip

33131

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1997

5. FEI Number

65-0768394

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

CORPORATE CREATIONS ENTERPRISES INC.

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

941 FOURTH STREET, #200

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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***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

L.A. Uriarte
L.A. URIARTE, PRES.
REGISTERED AGENT MUST SIGN

Date 4/25/2000

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
PDST	Michael D. Farkas	701 Brickell AV #3120	Miami, FL 33131

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:

Michael D. Farkas

Michael D. Farkas

4/24/2000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E081 (9/99)