PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000095932 **DOCUMENT #**

1. Corporation Name

FILED

00 FEB 17 PM 1:21

SECRETARY OF STATE

| F. AB | AY PRODU | CE, INC. | | | | | TALLAHASSE | E, FLÖRIC | ĎA , | |
|--|---|---|-------------------------------------|---|--|---|--|--------------------------------------|-------------------|--|
| Principal | Place of Business | | Mailing Addre | | | - | | | | |
| 1101 N.W. 23RD STREET MIAMI FL 33127 | | | 1101 N.W. 236 MIAMI FL 331 | | I | | | | | |
| If above | e addresses are inco | rrect in any way, line thro | | DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | 228 L er correction below. | REINS | TATEM | ENT | 98.00 | |
| 2. New Principal Office Address, I Applicable | | | P. 0 | ng Office Address, | If Applicable ンフ802 | | 4. Date Incorporated or Qualified To Do Business in Florida 11/07/1997 | | | |
| Suite, Apt. #. etc. | | | Suite, Apt. #, | etc. | | 5. FEI Nümber Applied For Not Applicable 6. \$8,75, Additional Fee required | | | | |
| City & State MIAMI-FL 33742 | | | City & State M/ムパ | | 33/52 | | | | | |
| Zip 37242 Country DADE | | | マララノS | | DAPE | <u> </u> | IFICATE OF STATUS DESIRED for a Certificate of Status | | | |
| 7. Name | es and Street Addres | ses of Each Officer and/o | or Director (Flo | | | | 1 | | | |
| Title(s) Name of Officers and/or Directors 2 | | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No | | | City / State / Zip | | | |
| D | ABAY, FRANK | | | 1101 N.W. 23RD STREET | | | MIAMI FL 33127 | | | |
| | | | | | | | ***1056 | 000110 0.00 ** | *1050.00 | |
| | 8. Name and Address of Current Registered | | | gent | | Name and Address of New Registered Agent | | | | |
| • | | | | | Name | Name | | | | |
| COHEN, MARK D.P.A | | | | | Street Address (| Street Address (P.O. Box Number is Not Acceptable) | | | | |
| PRESIDENTIAL CIRCLE, SUITE 485 4000 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021 | | | | | Suite, Apt. #, Etc | Suite, Apt. #, Etc. City State Zip Code FL | | | | |
| | | | | | | | | | | |
| Signatur | | gistered agent of the above | | oration, am familiar | with and accept the o | obligations of Sec | Date | /15/20 | ∞ | |
| | | tion owes or ha rsonal Propert | | | rear Yes | No 🗆 | (See | other side for in on intangible t | | |
| this r | einstatement application to by the corporation to | er or director or the receivition, the reason for dissonave been paid and the rand accurate, and my sig | lution has been names of individ | eliminated, the co luals listed on this | rporate name satisfie: form do not qualify fo | s the requirement r an exemption ur | s of section 607.0401 (| or 617.0401, F. | S., that all fees | |