

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

01 SEP 25 AM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000108634**

1. Corporation Name

FACEPLATES INTERNATIONAL INC.

Principal Place of Business

Mailing Address

~~8275 SHADOWWOOD BOULEVARD~~
~~CORAL SPRINGS FL 33071~~

8275 SHADOWWOOD BOULEVARD
 CORAL SPRINGS FL 33071



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4575 N. University Drive

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Zip 33351

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/02/1998

5. FEI Number

65-0802896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PSTD	ABRAMS, CAROLYN	8275 SHADOWWOOD BOULEVARD	CORAL SPRINGS FL 33071
VD	ABRAMS, HERBERY	8275 SHADOWWOOD BOULEVARD	CORAL SPRINGS FL 33071

REINSTATEMENT 00-01

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

ABRAMS, HERBERT
 8275 SHADOWWOOD BLVD
 CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

Date

9/20/01

REGISTERED AGENT MUST SIGN

11. 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/01

Date

954-741-2481

Daytime Phone #

CR2040 (8/00)