

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

02 JUN 21 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006067

1. Corporation Name

FAYLANNA, INC.

800006097788-3  
-06/28/02--01021--007  
\*\*\*1058.75 \*\*\*1058.75

2. Principal Office Address

8201 NW 66 STREET

Suite, Apt. #, etc.

SUITE 3

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

8201 NW 66 STREET

Suite, Apt. #, etc.

SUITE 3

City & State

MIAMI, FL

Zip

33166

Country

US

REINSTATEMENT 00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1998

5. FEI Number

65-0857075

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

MARCA DE SOUZA, MIGUEL V.

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

8201 NW 66 STREET

Suite, Apt. #, Etc.

SUITE 3

City

MIAMI

State

FL

Zip Code

33166

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

Date

6/13/2002

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
PVSTD	MARCA DE SOUZA, MIGUEL V.	8201 NW 66 STREET #3	MIAMI, FL 33166

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCA DE SOUZA, MIGUEL V.

Date

6/13/02

Daytime Phone #

305-597-4511