

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 13 PM 12:23

DOCUMENT # **P98000013157**

1. Corporation Name

FALEHO CORP.

2. Principal Office Address

705 EAST Highway #329

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITRA - FLORIDA

City & State

Zip

Country

Zip

Country

32113

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

02-10-98

5. FEI Number

65-0827507

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **3/7/03 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

LOUIS F. CAST

400005169424-4

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

8405 NW 53 STREET

03/26/02 01045-033

*****1200.00 *** 200.00**

Suite, Apt. #, Etc.

SUITE - C-100

City

MIAMI - FLORIDA

State

Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/7/03

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
^{11/02} PRES.	GILMA CANOCHA	705 EAST Hwy #329	CITRA - FLA 32113
V.P.	GILMA LOPEZ	705 EAST Hwy #329	CITRA - FLA 32113

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: **(X)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILMA CANOCHA - President

Date

3/7/02

Daytime Phone #

(352) 671-7670

CP2E081 (9/00)