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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

09 DEC 17 PM 4:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015565

1. Corporation Name

3 F HOLDINGS III, INC.

2. Principal Office Address - No P.O. Box #
2699 S. Bayshore Dr.

3. Mailing Office Address - No Street Address
2699 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida 02/17/1998

5. FEI Number
650894681

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12-17-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Lilia Judith Tovar De Leon	2699 S. Biscayne Dr., Suite 300	Miami, FL 33133
DVP/IS	Vernon Emmanuel Salazar Zurita	2699 S. Biscayne Dr., Suite 300	Miami, FL 33133
D/T	Delio Jose De Leon Mela	2699 S. Biscayne Dr., Suite 300	Miami, FL 33133

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 contained in Chapter 119, 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:

Lilia Judith Tovar De Leon Lilia Judith Tovar De Leon

12/10/2009

(507) 269 -2641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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To: The Florida Dept. of State
Subject: 000668.116100.6

From: Ashley Smith

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Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIPECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000668.116100.6

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: aglesia@kaufmanrossin.com

**CORPORATION REINSTATEMENT
3 F HOLDINGS III, INC.**

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