

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
TALLAHASSEE, FLORIDA

01 JUN -1 PM 12:48

DOCUMENT # **PA8000025725**

1. Corporation Name **FASAGE International Inc.**

2. Principal Office Address
1894 SW 57th Ave
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 012863
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33155
Country
USA

City & State
MIAMI, FL
Zip
33101
Country
USA

REINSTATEMENT

00-07

4. Date Incorporated or Qualified To Do Business in Florida **6/3/98 SP**

5. FEI Number **65-0848208**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **Vincent Smith**
Street Address (P.O. Box Number is Not Acceptable)
850 N. MIAMI AVE
Suite, Apt. #, Etc.
#2201
City
MIAMI

600004434906
-06/21/01--01034--009
******300.00 ****300.00**

State **FL** Zip Code **33136**

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 **5/30/01**

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
President	Vincent Smith	850 N. Miami Ave #2201	MIAMI, FL 33136

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

Date **5/30/01** Daytime Phone # **305 449-8095**

CR2E081 (9/99)