

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 23 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025725

1. Corporation Name

FASAGE International inc.

REINSTATEMENT 03

2. Principal Office Address

1894 S.W. 57<sup>th</sup> AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 012863

Suite, Apt. #, etc.

12/23/03--01006--002 \*\*750.00

City & State

Miami, FL

Zip

33155

Country

USA

City & State

Miami, FL 33101

Zip

33101

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

6/3/98

5. FEI Number

65-0848208

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

Vincent Smith

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

1756 N. Bayshore DR.

Suite, Apt. #, Etc.

28-0

City

Miami

State

FL

Zip Code

33132

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

12/19/03

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
Pres	Vincent Smith	1756 N. Bayshore DR. <sup>28-0</sup>	Miami, FL 33132

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

12/19/03

Date

305 447-8095

Daytime Phone #

CR2E081 (10/02)