

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 980000 36244*

1. Corporation Name

FACHETTA, INC.

2. Principal Office Address

8247 W. SUNRISE BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33322

Country

BROWARD

Zip

Country

900015285139
04/03/03-01041-002-***908.75

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/1998

5. FEI Number

65-0834683

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

NYDIA TOLEDO

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

19195 NE 36th COURT

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33180

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

Nydia Toledo
REGISTERED AGENT MUST SIGN

Date

3/26/03

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
<i>P/D</i>	<i>NYDIA TOLEDO</i>	<i>19195 NE 36 Ct.</i>	<i>AVENTURA, FL 33180</i>
<i>V/D</i>	<i>ALBA TOLEDO</i>	<i>19195 NE 36 Ct.</i>	<i>AVENTURA, FL 33180</i>
<i>S/D</i>	<i>PAULA CORA</i>	<i>19195 NE 36 Ct.</i>	<i>AVENTURA, FL 33180</i>

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:

Nydia Toledo *Nydia Toledo* *3/26/03* *9544759705*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

78 4/7