PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| PLEASE READ | ALL INSTRUCTION | S BEFORE (| COMPLETIN | IG THIS FOR | M. |
|---|---|---|---|--|---|
| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMI DIVISION OF CORP | | | | |
| DOCUMENT # P98000061626 | | | FILED | | |
| Corporation Name | | | 02 MAR -8 PM 1:57 | | |
| F & M INSTALLATIONS, INC. | | | SECRETARY OF STATE TALLAHASSLE, FLORIDA | | |
| Mailing Address 619 S.W. 168th Lane Pembroke Pines F1 33027 Principal Place of Business 619 S.W. 168th Lane Pembroke Pines F1 33027 | | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | DO NOT WRITE IN THIS SPACE | | |
| New Mailing Address, If Applicable New Principal Office Addres | | , If Applicable | 4. Date Incorporated or Qualified To Do Business in Florida 07/13/1998 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | 5. FÉIN | | | |
| City & State | City & State | | | 902 | Not Applicable |
| Zip Country | Zip Coun | try | 6. CERTIFICATE O | F STATUS DESIRED | 2.73 Accimental Fee required (for Centilicate of Status) |
| 7. Names and Street Addresses of Each Officer and/o | or Director (Florida nonprofit corpo | rations must list at lea | ast 3 directors) | | |
| Title(s) and/or Directors | | treet Address of Each Officer and/or Director Use Post Office Box N | City / State / Zro | | |
| | | 9 S.W. 168th Lane | | Pembroke Pines F133027 | |
| AMALIA JIMENEZ MEJIA 619 S.W. 168th Lan | | | Pembroke Pines F1 33027 8000051080986 -03/14/0201052013 *****900.00 *****900.00 | | |
| S. Name and Address (Course) | | 7 | | | • |
| 8. Name and Address of Current Registered Agent Name | | | 9. Name and Add | ress of New Registere | d Agent |
| MEJIA, FABIO 619 S.W. 168th Lane | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| Pembroke Pines Florida 3 | 3027 | Suite, Apt. #, Etc. | | | |
| | | City State Zip Code | | | |
| 10. I, being appointed the registered agent of the aboy | e named corporation, am familiar w | ith and accept the ob | ligations of Section 6 | F | |
| Signature of Registered Agent V To long M | UTTO SIGN STEPPED AGENT MUST SIGN | | - | Date March 5, | 2002 |
| 11. If this corporation is a non-pro- | ofit with I.R.S. 501(c) | (3) tax exem | pt status, ch | eck this box | (See other side for additional information.) |
| Does this corporation pay ar Dept. of Revenue under S. 1 | 99.032, Florida Stat | utes. Yes [| | on int | side for information angible tax.) |
| 13. I do hereby certify that the information supplied wit lease the Division of Corporations from any liability certify that I am an officer or director or the receive this reinstatement application the reason for dissol fees owed by the corporation have been paid. The under oath. | of non-compliance with Section 11 if or trustee empowered to execute ution has been eliminated, the cor | 9.07(3)(k) in the ever e this application as p porate name satisfies lication is true and ac | nt that the information provided for in chapte is the requirements of courate, and my sign | n supplied is deemed ex er 607 or 617, F.S. I fur f section 607,0401 or 6 ature shall have the sa | kempt from public access. I ther certify that when filling iff.0401. F.S., and that all time legal effect as if made |