

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:29

DOCUMENT # P98000081448

1. Corporation Name

FAGOVI, U.S.A., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business

8909 HWY 301 N
TAMPA FL 33637

Mailing Address

PO BOX 16987
TAMPA FL 33687



500023910145
10/17/03--01072--007 **158.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10 Loma Verde
Suite, Apt. #, etc.
Lakeland, FL

3. New Mailing Office Address, If Applicable

P.O. Box 7458
Suite, Apt. #, etc.
Lakeland FL

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1998

5. FEI Number

59-3588532

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------------|
| PS | GOMEZ, CHARBEL | 8909 HWY 301 N. 10 Loma Verde Lakeland, FL | TAMPA FL 33637 Lakeland, FL |
| VPT | GOMEZ, CHARBEL | 8909 HWY 301 N. " " 33813 | TAMPA FL 33637 33813 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

GOMEZ, CHARBEL
8909 HWY 301 N.
TAMPA FL 33637

Gomez, Charbel
10 Loma Verde
Lakeland, FL
33813

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-12-03

11. 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

10-12-03

Date

Daytime Phone #

CR2E040 (7/03)

To : Division of Corporations
From: Charbel Gomez, Fagovi USA, Inc.
President

To Whom it May Concern,


I just received your letter of dissolution and am sending you my application for reinstatement, with the appropriate fees included. I am requesting that my corporation, Fagovi USA, Inc. be brought to active status. I also would like for you to enter in my correct address, this being the reason I did not receive the two prior (UBR) notices.

I apologize to you for not getting this in promptly and would appreciate your assistance in this matter.

Should you have any questions at all, please feel free to contact me.

(863) 701-0708 Office

Kind Regards,



Charbel Gomez
President Fagovi USA, Inc.

| | |
|-----------------------|----------|
| Fees- | \$150.00 |
| Certificate of Status | \$ 8.75 |

| | |
|-----------|----------|
| Total Due | \$158.75 |
|-----------|----------|