

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000098656

1. Corporation Name

F & F GROUP, CORP.

Principal Place of Business

Mailing Address

419 E. FIRST AVE.
HIALEAH FL 33010

419 E. FIRST AVE.
HIALEAH FL 33010

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1998

5. FEI Number

65-0879006

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	FUENTES, FRANKLIN	419 E. FIRST AVE.	HIALEAH FL 33010
SD	FUENTES, ANGELICA	419 E. FIRST AVE.	HIALEAH FL 33010

8. Name and Address of Current Registered Agent

FUENTES, FRANKLIN
419 E. FIRST AVE.
HIALEAH FL 33010

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

FUENTES FRANKLIN PRESIDENT

2

Miami, October 19, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.Box 6327
Tallahassee, Florida 32314

Attn: Katherine Harris
Secretary of State


Ref: Notice of Administrative Dissolution
Document P98000098656
F & F Group, Corp.
Incorporated 11/24/1998
FEIN 65-0879006

Dear Sirs:

In accordance with your notice of administrative dissolution, regarding the matter of reference, we disagree with respect to this notice, due we have paid the fee of \$ 550.00 with the check number 1086, which it was received and deposit to your bank in September 2, 1999, as you can see in the reverse of the check enclosed. As you can see it was sent in the correct time of filing.

Please correct your records accordingly and send us a reinstatement letter.

Cordially Yours


Franklin Fuentes
President
F & F Group, Corp.

cc: File
Enc.(4)