

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JAN 25 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000045441

**1. Corporation Name**

FAROG, INC.

**2. Principal Office Address**

714 NE 27 Ave

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

**3. Mailing Office Address**

714 NE 27 Ave

Suite, Apt. #, etc.

City & State

Hallandale, FL

Zip

33009

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/19/1999

**5. FEI Number**

☒ 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

Frank Greenberg

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

714 NE 27 Ave

Suite, Apt. #, Etc.

City

Hallandale

State  
**FL**

Zip Code  
33009

**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

*Frank Greenberg*  
REGISTERED AGENT MUST SIGN

Date 1/20/02

**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
D	Greenberg, Frank	714 NE 27 Ave	Hallandale, FL 33009

200004961512--1  
-02/20/02--01060--016  
\*\*\*\*450.00 \*\*\*\*450.00

**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:**

*Frank Greenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK GREENBERG

1/20/02  
Date

954-458-6831  
Daytime Phone #

CR2E081 (9/00)

LAW OFFICES OF  
**MARC BIRNBAUM, P.A.**  
1031 IVES DAIRY ROAD, SUITE 228  
MIAMI, FLORIDA 33179

*Zeel 2*

FAX  
(305) 651-6077

TELEPHONE  
(305) 651-1975

January 22, 2002

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir:

Pursuant to the instructions received from your office enclosed please find a Corporation Reinstatement Form for Farog, Inc., together with a check in the amount of \$450.00. As we advised your office, the address on the corporate records was apparently copied incorrectly. Accordingly, your office has advised us that the total amount necessary to reinstate the corporation would be \$450.00. If you have any questions, please do not hesitate to contact me.

Very truly yours,

LAW OFFICES OF  
MARC BIRNBAUM, P.A.

By: 

Marc Birnbaum

MB:srm  
encs: