O A / PI FASE READ	ALL INSTRUCTIONS				
APPLICATION	FLORIDA DEPARTME	NT OF ȘTATE		190	2
-FOR-	Katherine Ha		4. 1 1	in . "	
REINSTATEMENT	DIVISION OF CORPO	RATIONS	FILED	:	
DOCUMENT # P9900	0053669	01	101 -7 PH 6: 05	;	
1. Corporation Name		0.	STARY OF STATE		
N & F PROPERTIES, INC.		SE	CRETARY OF STATE LAHASSEE FLORIDA		
Principal Place of Business Mailing Address			D) (66 10)10 (0(6) 006)1 00))1 00)19 00(0) 06	100 21110 01110 01110 1011 10 1 5	
2873_SOUTHWEST 174TH AVENUE					
If above addresses are incorrect in any way, line th					
2. New Principal Office Address, If Applicable 909 NORMANDY DR.	3. New Mailing Office Address, I 909 NORMANDY	f Applicable 4. Date Inc To Do B	orporated or Qualified usiness in Florida	6/14/1999	
Suite, Apt. #, etc	Suite, Apt. #, etc. ~	5. FEI Nur		Applied For	
City & State MIAMI BEACH, FL.	City estate BEACH	, FL 6.	65-0927141	Not Applicable	
33141 Country USA	Zip 33141 Count			75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and			······································		
Title(s) Name of Officers and/or Directors		treet Address of Each	City / S	tate / Zip	
PSD RODRIGUEZ, FRANCIS		ST 174TH AVENUE- LMMNDY DR.	MIRAMAR FL 33029 MIAMI BEAU	H. FL.33141	
VTD RODRIGUEZ, MEONERS NEON	VES 2873 SOUTHWE	ST 174TH AVENUE	MIRAMAR FL 33029	-	
·····	909_NO	RMANDY DR.	MIAMI BEACH	1, FL. 33141	
				ا اور ایستان بستان بستان باستان	
				01051020	
			****150.00	****150.00	
		<u>N</u>	NΛ		
		net	Th I have a second seco		
8. Name and Address of Current	t Registered Agent	9 Name ar	d Address of New Registered	Agent	
SPIEGEL & UTRERA, P.A.			6 + Associate	2. OR P.A.	(8/01)
- 343 ALMERIA AVENUE	Street Address (P.O. Box Num 10520 N	ber is Not Acceptable)	, -· ·	CR2E040	
CORAL GABLES FL 33134 - Suite, Apt. #, Etc			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		5
		C-201 City Miguai	State		
10. I, being appointed the registered agent of the ab	ove named corporation, am familiar v	with and accept the obligations of S			
•	1 0			,	
Signature of Registered Agent	EGISTERED AGENT MUST SIGN		Date1/5/0)	
11. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	solution has been eliminated, the com names of individuals listed on this fo	porate name satisfies the requirement orm do not qualify for an exemption	ents of section 607.0401 or 617.0	401, F.S., that all fees	
	7			ĺ	
SIGNATURE:	n	14 - Carlos C	10/22/01 95 Date D	4-441-1688	
SIGNATURE AND TYPED OR PF	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date D	aytime Phone #	ļ

· · · · · ·

TELEPHONE: 305-513-3639 Fax: 305-513-4122 CABANAS & ASSOCIATES, P.A. Accounting, Tax Planning & Preparation Square One Business Center 10520 N.W. 26^{7H} Street Suite C-201 Miami, Florida 33172 206

MEMBER OF

NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

November 5, 2001

Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

Re: N & F Properties, Inc. Doc#: P99000053669

Gentlemen:

We are the accountants and new registered agent for the above referenced corporation. Please be advised that the Company moved in early year 2001 and was just forwarded this reinstatement from their former address. Furthermore, the address where your correspondence was sent is a shared office and the other tenant, who receives the mail, neglected to give my client the mail until recently. When my client received his mail, he forwarded the enclosed "2001 Application for Reinstatement" to our attention.

We respectfully request that you please reinstate N & F Properties, Inc. due to the reasons described above. We also ask that you please update their address in your system. Additionally, a check for \$150 is attached.

Sincerel Joseph F. Cabanas

