

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 18 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000055148**

**1. Corporation Name**

FAMAS INC

**2. Principal Office Address**

8548 NW 72nd ST

**3. Mailing Office Address**

7333 MIAMI LAKES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 584

City & State

MIAMI, FL.

City & State

MIAMI LAKES, FL.

Zip

33166

Country

DADE

Zip

33014

Country

DADE

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

JUNE 11, 1999

**5. FEI Number**

651004716

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

SUSANA MALDONADO

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

14640 BULL RUN RD.

Suite, Apt. #, Etc.

217

City

MIAMI LAKES

State  
FL

Zip Code

33014

**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

REGISTERED AGENT MUST SIGN

Date 10/15/02

**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
P/D	SERGIO FALO	14640 BULL RUN RD. # 217	MIAMI LAKES, FL. 33014
S/T/D	SUSANA MALDONADO	14640 BULL RUN RD. # 217	MIAMI LAKES, FL. 33014

**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:**

SUSANA MALDONADO

10/15/02

305-512.8239

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

g 11/16/02

# **FAMAS INC**

## **Industrial Overseas Distributors**

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Miami, October 15th. 2002.

### **FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS**

Att.: Jim Smith -- Secretary of State

Dear Sir,

Attached we are sending the Corporation Reinstatement form in order to reinstate our company formed on June 1999 and dissolute on December that same year by error.

We want to explain the situation in order to determine if we are eligible for a fee waiver. When we opened our company back on June 1999, our accountant courteously offered his address in order to proceed with the process of the new corporation since we did not have a commercial address at that moment. Time passed and we did not change the address to ours nor never received the notification of payment for the renewal from our accountant, reason why we really think that it was never received in his office.

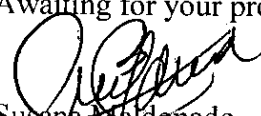
The situation is that, although we know our accountant should have notified us about this renewal and the change of address; and we are conscious that it should not be an excuse for not paying, it is the truth. On the other hand, there is no possible explanation to prefer leave a functional and growing company dissolved, to now pay a fee of \$600 and have probably lost some businesses with other companies that could have checked our status with your entity.

We understand that "not knowing" is the easiest and fastest excuse, but we honestly recur to you looking for a possible waive and hoping you will understand the situation.

We are attaching a check from our company for the total of \$458,75 corresponding to:

(3) Years of Annual Report Fee:	\$183,75
(3) Years of Corporate Supplemental Fee:	\$266,25
(1) Additional Fee for Certificate Status:	<u>\$ 8,75</u>
Total:	\$ 458,75

Awaiting for your prompt response, remains yours,

  
Susana Maldonado  
Director