

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 24 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087627

1. Corporation Name

FID GROUP CORP.

2. Principal Office Address

8210 TAFT ST.

3. Mailing Office Address

8210 TAFT ST.

Suite, Apt. #, etc.

PEMBROKE PINES, FL

Suite, Apt. #, etc.

PEMBROKE PINES, FL

City & State

City & State

Zip

33024

Country

Zip

33024

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1999

5. FEI Number

32-7737328

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

ISMAEL DERAS

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

8210 TAFT ST.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

800031067568
03/24/04--01032--010 **150.00

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

Ismael Deras

REGISTERED AGENT MUST SIGN

Date

3/21/04

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
PSTD	ISMAEL DERAS	8210 TAFT ST.	PEMBROKE PINES, FL 33024

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:

Ismael Deras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/04 954-704-1715

Date

Daytime Phone #

CR2E081 (01/04)