

REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H91149**

1. Corporation Name

Faas Brothers, Incorporated
Reinstatement 1990-2001

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-09/25/01--01042--001
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2. Principal Office Address

5890 Shirley Street

Suite, Apt. #, etc.

3. Mailing Office Address

4440 Domestic Ave.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified

To Do Business in Florida **12/23/85**

5. FEI Number

59-2618394

Applied For

Not Applicable

City & State

Naples FL

City & State

Naples, FL

Zip

33942

Country

USA

Zip

34104

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas B. Faas

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

5890 Shirley Street

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

33942

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

X 5/3/01

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	Douglas B. Faas	4440 Domestic Ave	Naples, FL 34104

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:

X [Signature] Douglas B. Faas

Date

5/3/01

Daytime Phone #


CR2E081 (8/99)

**RELEASE AND LETTER OF CONSENT
TO USE OF NAME OF
FAAS BROTHERS, INC.**

BE IT KNOWN, that I, DOUGLAS FAAS, who was the President of the now dissolved Florida corporation known as FAAS BROTHER, INC. I hereby certify and acknowledge that I have no intentions to revoke the Articles of Dissolution for the corporation which was filed on June 4, 2001.

Furthermore, I authorize and agree to the reinstatement of Faas Brothers, Inc. as a Florida corporation, a corporation that was administratively dissolved in about November, 1990, and consent to it's usage of the name Faas Brother or Faas Brothers.

Dated this 20th day of August 2001.



Douglas E. Faas
President of Faas Brother, Inc., A
Florida Corporation dissolved on June 4, 2001.