

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 165439

1. Corporation Name

Fabre Design Group, Inc.

W-9987

2. Principal Office Address

9404 NW 13 Street

Suite, Apt. #, etc.

Bay 41

City & State

Miami FL

Zip

33172

Country

Miami-Dade

3. Mailing Office Address

9404 NW 13 Street

Suite, Apt. #, etc.

Bay 41

City & State

Miami FL

Zip

33172

Country

Miami-Dade

REINSTATEMENT

9800

4. Date Incorporated or Qualified To Do Business in Florida

9/21/92

5. FEI Number

65-0358313

600003251196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fabre, Ernest

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

9404 NW 13 Street

Suite, Apt. #, Etc.

Bay 41

City

Miami

State

FL

Zip Code

33172

600003251196

-05/12/00--01113--004

***1050.00 ***1050.00

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

Ernest Fabre

REGISTERED AGENT MUST SIGN

Date

4.26.2000

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	Fabre, Ernest	9404 NW 13 Street, Bay 41	Miami, FL 33172
VP	Fabre, Alvaro	9404 NW 13 Street, Bay 41	Miami, FL 33172
ST	Kross, Miriam	9404 NW 13 Street, Bay 41	Miami, FL 33172
			SP

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:

Ernest Fabre

Ernest Fabre, Pres. 4/6/00 (305) 477-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)