

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 AUG 23 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000104040*

1. Corporation Name  
Adriana Fabbri-Kerns, P.A.

10627 Falls Street  
10627 Falls Street

2. Principal Office Address  
10627 Falls Street

3. Mailing Office Address  
10627 Falls Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Wellington, Florida

City & State  
Wellington, Florida

Zip Country  
33414 United States

Zip Country  
33414 United States

4. Date Incorporated or Qualified  
To Do Business in Florida 10/26/2001

5. FEI Number  
141847167

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

600040506256  
08/25/04--01060--002 \*\*900.00

7. Name and Address of Current Registered Agent

Name  
Jeffrey Solomon

Street Address (P.O. Box Number is Not Acceptable)  
3864 Sheridan Street

**REINSTATEMENT** *03-04*

Suite, Apt. #, Etc.

City  
Hollywood

State Zip Code  
FL 33021

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

*Jeffrey Solomon*

REGISTERED AGENT MUST SIGN

Date 8/18/2004

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
Dir/Sec	Adriana Fabbri-Kerns	10627 Falls Street	Wellington, Florida 33414
			<i>T. Lewis 8/25/04</i>

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:

*Adriana Fabbri-Kerns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/20/04*  
Date Daytime Phone #

CFR2E081 (01/04)