

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 OCT 18 AM 9:55

SECRETARY OF ST.
 TALLAHASSEE, FLOI

DOCUMENT # P95000053070

1. Corporation Name
FERSAN, INC.

Principal Place of Business 46 EAST 5TH STREET HIALEAH FL 33010 US	Mailing Address 46 EAST 5TH STREET HIALEAH FL 33010 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/11/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0593690
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	SANTEIRO, ANTONIO	46 EAST 5TH STREET	HIALEAH FL 33010
VD	FERNANDEZ, MARTA M	46 EAST 5TH STREET	HIALEAH FL 33010
STD	FERNANDEZ, CAROLINA	46 EAST 5TH STREET	HIALEAH FL 33010
D	FERNANDEZ DE CASTRO, JULIO	46 EAST 5TH STREET	HIALEAH FL 33010

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REINSTATEMENT

8. Name and Address of Current Registered Agent SANTEIRO, ANTONIO 46 EAST 5TH STREET HIALEAH FL FL330-10	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 10-18-00
 REGISTERED AGENT MUST SIGN

11. 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: [Signature] **SIGNATURE REQUIRED** Date 10-16-00 Daytime Phone # 305-887-0076
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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