

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**98-99 AR**

FILED

99 JUN -2 AM 9:11

CLERK OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000019702

1. Corporation Name

Fero, Inc.

Principal Place of Business

Mailing Address

520 Brickell Key Dr.  
 #1811  
 Miami, FL 33131

EPSX 12354  
 7801 NW 37 Street  
 Miami, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 98-99**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

March 02, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0741897

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S	Beatriz Fernandez Rodriguez	Calle La Barquita #4A Questa Hermosa 2	Santo Domingo Dominican Republic
D/VP	Eladio Fernandez Rodriguez	Calle La Barquita #4A Questa Hermosa 2	Santo Domingo Dominican Republic

900002902859--5  
 -06/14/99--01005--011  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Eladio Fernandez Rodriguez  
 520 Brickell Key Dr. #1811  
 Miami, FL 33131

Name

Street Address (City, State, Zip)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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 in executing 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. and all taxes 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: *Beatriz Fernandez B. Fernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15/99 (809) 562-1417  
 Date Daytime Phone #

CR2E01 (12/98)