3.00	Z	PI	FASI

البياضة	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
	PLICAT FOR ISTATE	A Min	BR	Jim Secreta	RTMENT OF STATE  Smith  ry of State  CORPORATIONS		FILED V-5 PM 1:52		
1. Corpor	UMEN ation Name	T # L6156		ON		SECR	ETARY OF STATE HASSEE, FLORIDA		
Principal Place of Business  Mailing Add  8209 NW 199 ST.  8209 NW 19  MIAMI FL 33015  US  MIAMI FL 33015  US  If above addresses are incorrect in any way, line through incorrect		V 199 ST. V 199TH ST. L 33015							
New Principal Office Address, If Applicable     3. New Mail		iling Office Address, If Applicable		4. Date Incorp	Date Incorporated or Qualified     To Do Business in Florida     04/02/1990				
Suite, Apt. #, etc.  City & State  City & State		Suite, Apt. #,	<u></u>		5. FEI Numbe				
Zip		Country	Zip		Country	6. CERTIFICATE	E OF STATUS DESIRED  \$8	.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Fig. 17itle(s) 2 Name of Officers and/or Directors  DPS NINO, ADRIANO		orida nonprofit corporations must list at least Street Address of Each Officer and/or Director 8209 NW 199TH ST.		ach	City / State / Zip  4  MIAMI FL 33015				
VP	/P NINO, TANIA		8209 NW 199TH ST		MIAMI FL				
					•				
						<b>50</b> 11/05/	600008811636 11/05/0201094029 **150.00		
			-11-1			·			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NINO, ADRIANO 8209 NW 199TH ST. **MIAMI FL 33015** 

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

Suite, Apt. #, Etc.

City

State 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. or 617.0505, F.S.

Date 10/31/02.

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.

SACHARDE RADRIANO NINO DPRESIDENT.

10/31/02 305-829-0587 Date Daytime Phone #

CR2E040 (8/02)



October 31, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Fernin International Corporation Document #: L61565 Annual Report Filing 2002

Dear Sir or Madam:

This letter is regarding the Annual Report filings for Fernin International Corporation. It has been brought to my attention that the above state corporation has been dissolved, because they never received the annual report for 2002. This is a mistake and the corporate officers would like to be reinstated. After speaking with a representative at the Department of Corporations reinstatement division, we came to the conclusion that I should send a check for \$150 and a letter stating that I never received the 2002 annual report. Please find attached a check for \$150 and accept this letter as confirmation that I never received the annual report. I am requesting that the penalties and interests for filing the Annual Report past due be abated due to this misunderstanding.

If you have any questions, please feel free to contact me. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

Emilio J/Miyara
For the/Firm