Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 20 PM 1:23

600069051806
03/30/06--01043--010 **300.00

DOCUMENT # M06444

1. Corporation Name
LUIS F. FERNANDEZ & ASSOCIATES, INC.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
3305 NW 7 ST	B 3/23/06
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33125 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1984

5. FEI Number: 59-2456012 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: LUIS F. FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 6423 Collins Ave.
Suite, Apt. # Etc.: APT 1002
City: Miami Beach State: FL Zip Code: 33141

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 _____ Date 3/4/06
REGISTERED AGENT MUST SIGN

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
PTD	FERNANDEZ, LUIS F	6423 COLLINS AVE #1002	MIAMI BEACH, FL 33141
VSD	FERNANDEZ, NANCY H	6423 COLLINS AVE #902	MIAMI BEACH, FL 33141

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 contained in Chapter 119, 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: _____ LUIS F. FERNANDEZ 3/4/06 (305) 643-6730 EXT 167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUIS F. FERNANDEZ & ASSOCIATES, INC.
3525 NW 7 ST.
MIAMI, FLORIDA 33125

Pg 2 of 2

MARCH 4, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN

I, LUIS F. FERNANDEZ, PRESIDENT OF LUIS F. FERNANDEZ & ASSOCIATES, INC, THE CORPORATION, CERTIFY THAT THE CORPORATION DID NOT RECEIVE THE ANNUAL REPORT NOTICE FOR THE YEAR OF DISSOLUTION, 2005.

SINCERELY

LUIS F. FERNANDEZ
PRESIDENT

ENCLOSED: CK # 1707 3/4/06
ANNUAL REPORT 2005 + 61.25
ANNUAL REPORT 2006 61.25
CORPORATE SUPPLEMENTAL FEE 88.75
TOTAL $211.25