

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M06444**

1. Corporation Name

LUIS F. FERNANDEZ & ASSOCIATES, INC.

FILED
06 MAR 20 PM 1:23

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

2. Principal Office Address

3525 NW 7 ST

3. Mailing Office Address

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 ☐

\$9.75 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/4/06**

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:

[Signature]

LUIS F. FERNANDEZ

Date

3/4/06

Daytime Phone #

(305) 643-6730 EXT 167

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

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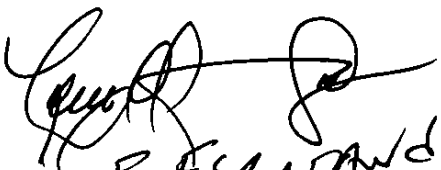
MARCH 4, 2006

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: Ch# 1707 3/4/06
ANNUAL Report 2005 \$ 61.25
ANNUAL Report 2006 61.25
CORPORATE Supplemental 88.75
TOTAL \$ 211.25