PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97-98 AR

FILED
98 MAR 30 AM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M23862

1. Corporation Name
FIERO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
201-205 NW 5TH. AVENUE HALLANDALE FL 33009 US	201-205 NW 5TH. AVENUE HALLANDALE FL 33009 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/25/1985

5. FEI Number: 59-2737812 ☐ Applied For ☐ Not Applicable

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
PSD	FIERO, JOSEPH	201-205 NW 5 AVE.	HALLANDALE FL

3/31/98

100002476901--9
-04/02/98-01071-003
****315.00 ****315.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FIERO, JOSEPH 201-205 NW 5TH. AVENUE HALLANDALE FL 33009	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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: _____ 3-23-98 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 454-5004

"Imported/Manufactured Designs for Visual Merchandising"

March 4, 1998

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # M23862

To Whom It May Concern:

It has been brought to my attention that check number 8578 in the amount of one hundred sixty-five dollars ($165.00) has been lost in the mail. Enclosed there is a check for three hundred fifteen dollars ($315.00) which represents payment for both the lost check and current fee due for 1998.

Thank you for your attention to this matter.

Sincerely,

Joseph Fiero
President

201-205 N.W. 5th Avenue • Hallandale, Florida 33009 USA
Tel: (954) 454-5004 • FAX: (954) 454-5007