

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M23862**

1. Corporation Name

FIERO ENTERPRISES, INC.

Principal Place of Business

201-205 NW 5TH. AVENUE
HALLANDALE FL 33009
US

Mailing Address

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

100002476901-9
-04/02/95-01071-003
****315.00 ****315.00

8. Name and Address of Current Registered Agent

FIERO, JOSEPH
201-205 NW 5TH. AVENUE
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name

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

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-23-98

Daytime Phone #

954
454-5009

FILED

98 MAR 30 AM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/97)

"Imported/Manufactured Designs for Visual Merchandising"

March 4, 1998

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

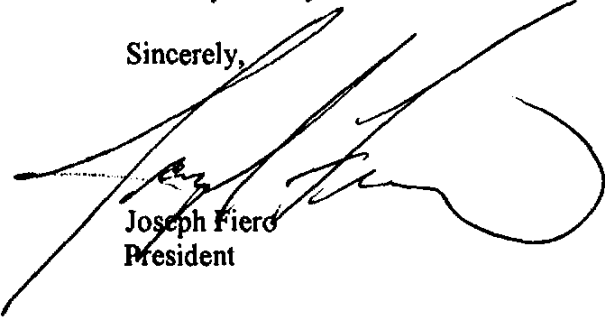
Re: Document # M23862

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