

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 14 AM 10:14

DOCUMENT # M37402

1. Corporation Name

FEMAR PLANTS CORP.

2. Principal Office Address

7329 MIAMI LAKES DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

7329 MIAMI LAKES DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33014

Country

USA

City & State

MIAMI, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/26/1986

5. FEI Number

59-2709452

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

FERNANDO MARTINEZ

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

7329 MIAMI LAKES DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33014

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

*Fernando Martinez*

Date

12/10/2001

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 / Street / Zip
PD	FERNANDO MARTINEZ	7329 MIAMI LAKES DR	MIAMI, FL 33014
D	MATILDE MARTINEZ	7329 MIAMI LAKES DRIVE	MIAMI, FL 33014

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 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: *Fernando Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/2001

Date

305-556-8062

Daytime Phone #

December 10, 2001

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Femar Plants Corp.  
EIN 59-2709452  
2001 Annual Report

Dear Gentlemen:

The present letter is to inform you that I had not knowledge that the Annual Report corresponding to the year 2001 had not been paid.

I want to inform you that after being looking for a new accountant, today I could get it, and he was who informed me about this matter.

For the reason mentioned above, I would like to request the removal of the penalties that could be applied to my account, in order to file the reinstatement attached, since I have never received the 2001 Annual Report and never got an advice from the former accountant reminding me that he never saw a check paying the annual report.

Enclosed please find Corporate Reinstatement form and check for the amount of \$150.00 in order to reinstate the corporation.

Waiting for a favorable and rapid response about this matter, with kind regards, I remain,

Sincerely,



Fernando Martinez  
President