## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  08 MAY - 1 PM 4: 51
DOCUMENT # N9500002716  1. Corporation Name Fernwood Property ASSEC., Jinc.	NEINSTATEMENT 06 - UV 12 SIS 08 0000128096380 05/01/0801049015 ***420,00
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address  CLO Argus Property Mart.  Suite Act # etc 21:777 Character Suite Act # 60	CR2E081 (12/07)
Suite, Apt. #, etc. 2477 Shickney in Suite Apt. # Pand	4. Date Incorporated or Qualified To Do Business in Florida
City & State  City & State  City & State  City & State	5. FEI Number Applied For Not Applicable
34231 US4 Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name C/O Argus Property Manual Inc.  Street Address (P.O. Box Number is Not Acceptable)  2477 Strick Day Form Registered Agent  Suite, Apt. #, Etc.  City State Jap Code  FL 3423;	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN	Date
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
Pres Bill Bamford 4534 Fern Dr	34202
VP Marge Shellon 4532 Fernis	mue Bradenion FL 3422P
Treas Bettylee Hawblitzel 4528 Fern	. Drive Brackman, Pc 34208
secy Pat Merchant 4546 Fern I	Inve Bradewan 34208
Dir. Vince Reister 4530 Fern i	Five Brackaton 3420
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 filling 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR**  **Date**  **Da	