

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 18 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051461

1. Corporation Name

FEMAR PROPERTIES, ~~INC.~~ Corp.

2. Principal Office Address

2050 CORAL WAY, 500

Suite, Apt. #, etc.

500

City & State

MIAMI, FLORIDA

Zip

33145

Country

DADE

3. Mailing Office Address

P.O. BOX 453705

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33245

Country

DADE

**REINSTATEMENT**

0103

4. Date Incorporated or Qualified  
To Do Business in Florida

05-25-2000

5. FEI Number

65-1019032

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 CERRATTO

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

2050 CORAL WAY,

Suite, Apt. #, Etc.

500

City

MIAMI

State

FL

Zip Code

33145

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.

REGISTERED AGENT MUST SIGN

Date 10-08-2003

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
Pte.	FERNANDO CERRATTO	2050 CORAL WAY, 500	MIAMI, FL. 33145

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Cerratto

Date

10-10-03 205-859-9080

Daytime Phone #

CR2E081 (10/02)