

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 19 AM 9:17

SECRETARY OF
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073307

1. Corporation Name

FERNLEIGH CORP.

Principal Place of Business

10 HOLL BLDG., CENTRAL SQUARE
SEASIDE FL 32459

P.O. BOX 4878
(mailing)

Mailing Address

10 HOLL BLDG., CENTRAL SQUARE
SEASIDE FL 32459

P.O. Box 4878

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2001

5. FEI Number

76-00 012489-55-9

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
(D)	Margaret Beck	22118 Belgrade Ave	PcB FL 32413
(D)	Bert Whitbread	22118 Belgrade Ave	PcB FL 32413

8. Name and Address of Current Registered Agent

BECK, MARGARET
10 HOLL BLDG., CENTRAL SQUARE
SEASIDE FL 32459

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. or 617.0505, F.S.

Signature of
Registered Agent

Margaret Beck
REGISTERED AGENT MUST SIGN

Date

11-18-2002

11. 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:

Margaret Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-2002

Daytime Phone #

10-27-2002

Jim Smith
Secretary of State, JJS
PO 1000073307

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear sir,

I am still confused by
all of these demands for
more information.

I mailed my \$150.00 Corp. Fee
76-00 - 012489-55-9 reg. no.

I am requesting you waive
the \$600.00 pre-instatement fee as
I am a new business owner &
feel I have complied to the
best of my ability. My
mailing address is also
different and I'm not sure
that I received all the
pertinent paper work.

Please respond asap
Margaret M. Beck Seaside
c/o Fernleigh PO Box 4878 932459