

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 OCT -1 PM 5:04

DOCUMENT # P02000012865

1. Corporation Name

FER & FER PRODUCCION INC.

800161242268  
10/01/09--01035--015 \*\*450.00

**REINSTATEMENT** 07-09  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

1800 NW 24 AVE

3. Mailing Office Address

1800 NW 24 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33125

Country

US

Zip

33125

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/2002

5. FEI Number  
33-0993846

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  
FERNANDA SILVA

Street Address (P.O. Box Number is Not Acceptable)  
1800 NW 24 AVE

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33125

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 obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*

Date 09/24/2009

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 / State / Zip
PTD	FERNANDA SILVA	1800 NW 24 AVE	MIAMI, FL 33125

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 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:

*[Handwritten Signature]*

FERNANDA SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/2009

Date

786-253-5563

Daytime Phone #