

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -7 PM 12:00

DOCUMENT # **P02000027301**

1. Corporation Name

FERBOL, INC.

Principal Place of Business

Mailing Address

1717 N BAYSHORE DR STE 102
MIAMI FL 33132

1717 N BAYSHORE DR STE 102
MIAMI FL 33132



REINSTATEMENT

03-04

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/12/2002	
City & State		City & State		5. FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ALBERGHINI, ANDREA	1717 N BAYSHORE DR STE 102	MIAMI FL 33132
DV	BEDARD, DENNIS R	1717 N BAYSHORE DR STE 102	MIAMI FL 33132

100041674651
10/07/04--01060--002 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEDARD, DENNIS R
1717 N BAYSHORE DR STE 102
MIAMI FL 33132

Name **JACQUELINE GERO CPA**
Street Address (P.O. Box Number is Not Acceptable) **1 SE 3RD AVE**
Suite, Apt. #, Etc. **2150**
City **MIAMI** State **FL** Zip Code **33131**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/5/04

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/04

Daytime Phone #


305-375-0766

CR2E040 (7/03)

2/2

FBG **Freeman, Buczyner & Gero**
Certified Public Accountants and Consultants
A Partnership of Professional Associations

MEMBER
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

 MGI Business Solutions Worldwide

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Broward: (954) 359-8345
Fax: (305) 375-0757
www.fbgcpamiami.com

October 1, 2004

Florida Department of State
Division of Corporations

RE: Ferbol, Inc.
EIN 03-0424035

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are filing a corporate reinstatement form to reactivate the corporation. Please be advised that the renewal form for the annual report was not previously received.

We appreciate your assistance in this matter. Please do not hesitate to contact this office if you have any questions regarding this matter.

Very truly yours,


Marc L. Freeman
#4781