

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -9 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900163256739
12/02/09--01033--012 **308.75

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

2003

5. FEI Number
142159 6436

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 **PUGLIESE MICHELE**

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

3615 S FLORIDA AV

Suite, Apt. #, Etc.

1310

City LAKELAND

State FL	Zip Code 33803
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☐ 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

REGISTERED AGENT MUST SIGN

Date 11/30/01

9. **Names and Street Addresses of Each Officer and/or Director** (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	PUGLIESE MICHELE	3615 S. FLORISS AV H 1360	CLEVELAND, FL 33803
		RH	
	REINSTATEMENT		

10. E-mail Address: INFO @ FERNOLAKELAND.COM

(To be used for future annual report notification)

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 807 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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

Date _____

Daytime Phone #