

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL -3 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 04000079458

1. Corporation Name

DEL FERN, INC.

2. Principal Office Address - No P.O. Box #
108 ICE CREAM RD.

3. Mailing Office Address
PO BOX 2080

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LEESBURG, FL

City & State
LADY LAKE, FL

Zip
34748

Country
LAKE

Zip
32158-2080

Country
LAKE

200105406132
07/03/07--01051--001 **458.75

REINSTATEMENT

05-07

4. Date Incorporated or Qualified
To Do Business in Florida **05/17/04**

5. FEI Number
98-0427060

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
PATRICIA A. PETERS

Street Address (P.O. Box Number is Not Acceptable)
6163 SW 165 COURT

Suite, Apt. #, Etc.

City
OCALA

State Zip Code
FL 34481

☒ 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

Date **06/29/07**

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
P/D	FRANK FERNANDES	PO BOX 334, MAGALIESBURG	GAUTING, S. AFRICA 2805
S/T/D	MARIA FERNANDES	PO BOX 334, MAGALIESBURG	GAUTING, S. AFRICA 2805
D	PATRICIA A. PETERS	6163 SW 165 COURT	OCALA, FL 34481

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: Patricia A. Peters, Patricia A. Peters, Director 06/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-259-6567

Daytime Phone #