
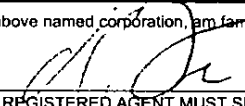
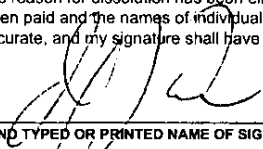


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000108090			
1. Corporation Name Fernandez Investment of Miami, Inc.			
2. Principal Office Address 9997 NW 130 St. Suite, Apt. #, etc.		3. Mailing Office Address 9997 NW 130 Street Suite, Apt. #, etc.	
City & State Hialeah Gardens, FL		City & State Hialeah Gardens, FL	
Zip 33018	Country USA	Zip 33018	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 7/21/2004	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Jose Fernandez			
Street Address (P.O. Box Number is Not Acceptable) 9997 NW 130 Street			
Suite, Apt. #, Etc.			
City Hialeah		State FL	Zip Code 33018
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 12/11/06	
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
PSD	Jose Fernandez	9997 NW 130 Street	Hialeah Gardens, FL 33018
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: 		Date 12/11/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	