

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP 24 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

198

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000005315

**1. Corporation Name**

FERNI PROPERTIES, INC

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

8250 N.W. 154 Terrace

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33016

Country

DADE

**3. Mailing Office Address**

8250 N.W. 154

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33016

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

20-2152434

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

NOEL FERNANDEZ

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

8250 N.W. 154 Terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33016

☒ 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 09/21/07

**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	NOEL FERNANDEZ	8250 N.W. 154 Terrace	MIAMI, FL 33016
			800110061888 03/28/07--01055--020 **300.00
			REINSTATEMENT 06-07

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/21/07

Daytime Phone #

September 21, 2007

FERNI PROPERTIES INC.  
8250 NW 164 TERRACE  
MIAMI LAKES, FL 33016  
FEIN # 20-2152434  
REF: ANNUAL REPORT

288

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS  
UNINTENTIONAL DUE TO THE FACT I NEVER RECEIVED THE ANNUAL  
REPORT. THE REASON BEING THAT I CHANGED MY BUSINESS LOCATION.  
IF YOU COULD WAIVE THE LATE FEE, IT WOULD BE KINDLY APPRECIATED.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE CONTACT MY  
ACCOUNTANT, LADISLAO VIGO AT (305)-266-1812. THANK YOU



SINCERELY,

NOEL FERNANDEZ  
PRESIDENT OF FERNI PROPERTIES INC.