

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 18 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027019

1. Corporation Name

Fern Finance Inc

2. Principal Office Address

12241 SW 2 St
Suite, Apt. #, etc.

3. Mailing Office Address

12241 SW 2 St
Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

USA

City & State

MIAMI FL

Zip

33184

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/99

5. FEI Number

65-053193

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

Fernando Fernandez

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

12241 SW 2 St

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/12/03

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	Fernando Fernandez	12241 SW 2 St	MIAMI FL 33184
VP	Fernando Fernandez Jr	12241 SW 2 St	MIAMI FL 33184

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

786 256 0725

Daytime Phone #

CR2E081 (10/02)

FERN FINANCE, INC.
12241 SW 2 Street
Miami, FL 33184

To Whom It May Concern:

February 12, 2003

RE: FERN FINANCE, INC.

Document # P 94000027019

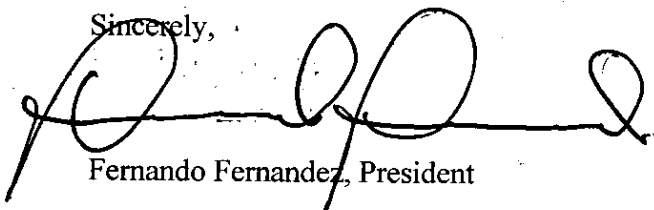
Dear Sir or Madam:

The Department has informed us that our Corporation has been dissolved for failure to pay the 2002 Uniform Business Report. We did not receive such report last year nor this year. My accountant told us that it was because the department mailed it to an incorrect address.

Accordingly, we would like to request an abatement of the \$ 600.00 fee for reinstatement. We are submitting the \$ 150.00 fee for last year and this year with this request. We would have paid those fees timely had we received the forms.

We thank you for your consideration in this matter, if you have any questions with regards to this matter, please do not hesitate to call me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fernando Fernandez', with a long horizontal line extending to the right.

Fernando Fernandez, President