PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 18 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03

DOCUMENT # P94000027019

1. Corporation Name

Fern Finance Inc

2. Principal Office Address	**3.** Mailing Office Address
12241 SW 2 St	12241 SW 2 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33184 Country: USA	Zip: 33184 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/8/94

5. FEI Number: 65-0593193 ☐ 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

300012600143
02/17/03--01081--012 **150.00

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: _____ Date: 2/12/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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: _____ 2/12/03 786 256 0725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/19

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,

Fernando Fernandez, President