

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000074257**

1. Corporation Name

THE FEVER CORP.

Principal Place of Business

Mailing Address

1035 N.W. 21ST TERRACE
MIAMI FL 33127

1035 N.W. 21ST TERRACE
MIAMI FL 33127

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



300024504323
11/07/03--01021--021 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1997

5. FEI Number

65-0782337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FUHRMAN, TOM R	1035 N.W. 21ST TERRACE	MIAMI FL 33127
D	Fischer, D. Ross	7690 SW 127 Street	Miami, FL 33156
D	Rieder, Wm. Thomas	6840 SW 129 Terrace	Miami, FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUHRMAN, TOM
1035 NW 21 TERR
MIAMI FL 33127

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 10/30/03

11. 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:

[Handwritten Signature] William Thomas Rieder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/03 305-274-8866

CPRE040 (7/03)