

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000038182

1. Entity Name
FER III, INC.



FILED
08 NOV 17 PM 4:05
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3301 BAYSHORE BLVD
UNIT 504
TAMPA, FL 33629

Mailing Address
P.O. BOX 22822
TAMPA, FL 33622

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11102008

REIN-P

CR2E098 (1/07)

4. FEI Number

59-3518032

Applied For

Not Applied

5. Certificate of Status Desired: ☐ ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, JOHN
3301 BAYSHORE BLVD
UNIT 504
TAMPA, FL 33629

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FERNANDEZ, KENNETH A ☐ Delete
STREET ADDRESS 3807 W. HORATIO
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☐ Add
NAME 200138008322
STREET ADDRESS 11/17/08--01056--004 ***150.00
CITY-ST-ZIP

TITLE VST
NAME FERNANDEZ, JOHN ☐ Delete
STREET ADDRESS 3301 BAYSHORE BLVD, #504
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth A. Fernandez

11/13