


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

02 MAR 27 PM 12:01

DOCUMENT # P 98 0000 52463

**1. Corporation Name**  
 Berney Fernandez, Inc.  
 P.O. Box 22474  
 Hialeah, FL 33002-2474

**2. Principal Office Address**  
 Suite, Apt. #, etc.

**3. Mailing Office Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**

**4. Date Incorporated or Qualified To Do Business in Florida** 6/11/98

**5. FEI Number** 65-0842431      **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** Bernardo Fernandez

**Street Address (P.O. Box Number is Not Acceptable)** 6575 West 24th Court

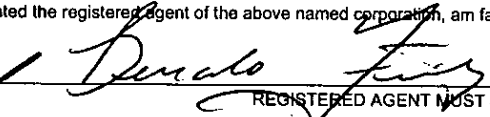
**Suite, Apt. #, Etc.** 14-3

**City** Hialeah

**State** FL      **Zip Code** 33014

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 04/22/02-01011-013  
 \*\*\*\*300.00 \*\*\*\*300.00

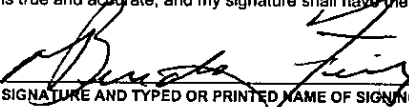
**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent**  **REGISTERED AGENT MUST SIGN**      **Date** 3/23/02

**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. Bernardo Fernandez	6575 W 24th Ct #14-3	Hialeah, FL 33014

**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**      **Date** 3/23/02      **Daytime Phone #** (305) 218-1308

CR2E081 (9/01)

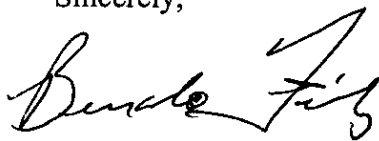
**Berney Fernandez, Inc.**

P.O. 22474  
Hialeah, FL 33002-2474  
305-218-1308

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please find enclosed a corporate reinstatement for document #P98000052463. The Annual report fees were not paid in 2001 because the report was never received due to a change of address. The company moved from the prior address in June of 2000. I have enclosed a check in the amount of \$300. for the fees of 2001 and 2002. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Berney Fernandez".

President