

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

01 FEB 22 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000057645

1. Corporation Name
FERROD, INC.

Principal Place of Business
WEST OAKS MALL

Mailing Address
9401 W. Colonial Dr. #334
Orlando, FL 32761

ATTAMONTE MALL
451 Attamonte Ave. #1111
Altamonte Springs, FL 32701

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable <u>FERROD INC</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>9401 W. Colonial Dr #334</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>June 26, 1999</u>	
City & State <u>Orlando FL</u>		City & State		5. FEI Number <u>59-3583660</u>	
Zip <u>32761</u>	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	<u>JOSE RODRIGUEZ PEREZ</u>	<u>268 BARBOSA AVE.</u> <u>HATO REY, P.R. 00918</u> <u>13017 Jesup Woods Ct</u>	<u>Hato Rey, PR 00918</u>
VICE-P.	<u>JOSE M. RODRIGUEZ</u>		<u>ORLANDO, FL 32824</u>
Treasurer	<u>Luis Lopez</u>	<u>Calle Paris #243</u>	<u>Hato Rey, P.R. 00918</u>

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*****900.00 *****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <u>JOSE M. RODRIGUEZ</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>13017 Jesup Woods Ct</u>	
		Suite, Apt. #, Etc.	
		City <u>ORLANDO</u>	State <u>FL</u>
		Zip Code <u>32824</u>	

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.

Signature of Registered Agent [Signature] Date 12/7/00

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] Date 12/7/00 407-767-7232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (12/98)