

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000060744**

1. Corporation Name

FO FEROD CORP.

Principal Place of Business

**7901 NW 67TH STREET
MIAMI FL 33166**

Mailing Address

**7901 NW 67TH STREET
MIAMI FL 33166**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1999

5. FEI Number

65-0990935

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JERRON, FERNANDO <i>SERRANO Fernando</i>	7901 NW 67 CT	MIAMI FL 33166
VP	ORDONE, RICARDO <i>ORDONEZ Ricardo</i>	790 NW 67 STREET	MIAMI FL 33166

800008520628
10/28/02--01068--004 **750.00

8. Name and Address of Current Registered Agent

**QUESADA, G. FRANK
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name *Fernando Serrano*

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

7901 N.W. 67 ST

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33166

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *10-25-02*

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02 305 594 0415

CR2040 (8/02)