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 OCT 21 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000019099**

1. Corporation Name

NELSON T. PENA, P.A.

Principal Place of Business	Mailing Address
8331 N.W. 185 TERR. HIALEAH FL 33015	8331 N.W. 185 TERR. HIALEAH FL 33015

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite 201
City & State		City & State	Miami Lakes, Florida
Zip	Country	Zip 33016	Country Dade

4. Date Incorporated or Qualified To Do Business in Florida: 02/23/2000

5. FEI Number: 65-1011838 — ☐ 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
PD	PENA, NELSON	8331 N.W. 185 TERR.	HIALEAH FL 33015
		7950 NW 155 Street Suite 201	Miami Lakes, FL 33016

500023964505
10/21/03--01037--017 **150.00

10/23

8. Name and Address of Current Registered Agent

PENA, NELSON
8331 N.W. 185 TERR. 7950 NW 155 Street
HIALEAH FL 33015 Suite 201
Miami Lakes, FL 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (7/03)

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 Date

REGISTERED AGENT MUST SIGN

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 305.231.9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LAW OFFICES OF

NELSON T. PEÑA, P.A.

A PROFESSIONAL ASSOCIATION

October 15, 2003

DIVISION OF CORPORATIONS
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Document # P00000019099

To whom it may concern:

This letter is to inform you that I did not receive the two prior uniform business reports (UBR) notices. The mailing address listed is my home address. Over the years I have had some problems in getting some of my mail due to a neighbor who shares the same house number (8331). In the past we have received their mail and they ours. We have now moved to a permanent address where we hope to be for a long time. I have provided the change of address in the application. I hope that this will help in preventing this from happening again. I respectfully request that the reinstatement fee be waived.

Sincerely,

Nelson T. Peña
President

7950 N.W. 155TH STREET, SUITE 201 • MIAMI LAKES, FLORIDA 33016
PHONE 305.231.9933 • FACSIMILE 305.231.7090 • E-MAIL: ntplaw@aol.com