


2007 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P05000046245

1. Entity Name
LIDIA OLIVA, P.A.



FILED
07 MAR -2 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7600 COLLINS AVE
#701
MIAMI BEACH, FL 33141 US

Mailing Address
7600 COLLINS AVE
#701
MIAMI BEACH, FL 33141 US




2. Principal Place of Business - No P.O. Box #
3733 SOLANA ROAD
Suite, Apt. #, etc.

3. Mailing Address
3733 SOLANA ROAD
Suite, Apt. #, etc.

02202007 REIN-P CR2E098 (1/07) 06-07

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33133 US

Zip Country
33133 US

4. FEI Number
20-2579839

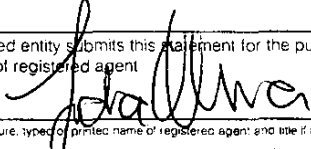
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLIVA, LIDIA
7600 COLLINS AVE
#701
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
Name
LIDIA OLIVA
Street Address (P.O. Box Number is Not Acceptable)
3733 SOLANA ROAD
City
MIAMI FL Zip Code
33133

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  DATE Feb/22/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	P OLIVA, LIDIA 7600 COLLINS AVE, #701 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVA, LIDIA 3733 SOLANA ROAD MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000093748020
03/19/07--01059--023 **300.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: Feb/22/07

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

M. TACHIBANA, C.P.A., P.A.

2007

MEMBER - AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS / FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

February 21, 2007

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

**RE: LIDIA OLIVA, P.A. (P05000046245)
CORPORATION REINSTATEMENT**

Dear Sir/Madam

My client, Lidia Oliva, P.A., did not receive the renewal notice from the State since their incorporation date. They had a change of address and did not receive any of the annual report notices.

As such, we are now submitting the form 2007 for Profit Corporation Reinstatement as well as a check for the amount of \$300 for their annual report fees.

Please accept this payment and kindly process Lidia Oliva, PA.'s request for reinstatement.

We greatly appreciate your kind understanding and cooperation in this matter.

Very Truly Yours,



M. Tachibana, C.P.A

enc.