

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION  
 FOR  
 REINSTATEMENT

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 JAN 22 PM 5:42

DOCUMENT # **P93000017508**

1. Corporation Name

**Bared and Assoc PA**

Principal Place of Business

Mailing Address

**1500 San Remo Ave #177 same  
 Coral Gables, FL.**

**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**1500 San Remo Ave**

**1500 San Remo Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#177**

**#177**

City & State

City & State

**Coral Gables, FL.**

**Coral Gables, FL.**

Zip

Country

Zip

Country

**33146 USA**

**33146 USA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

**65-0406609**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D.	Pablo R. Bared	1500 San Remo Ave #177	Coral Gables, FL 33146

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Pablo R. Bared  
 Bared and Assoc PA  
 1500 San Remo Ave #177  
 Coral Gables, FL. 33146**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

**12/15/00**

**AD**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

Date

Daytime Phone #

**12/15/00 305 3611449**

CR2E081 (12/98)