

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 99 JAN 15 PM 12:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021431**

1. Corporation Name
CARLOS A. PAZOS, P.A.

Principal Place of Business Mailing Address
**2701 NORTH HIMES AVENUE
 HIMES OFFICENTRE - Suite 201
 TAMPA, FL - 33607**

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.

3. New Mailing Office Address, If Applicable
302B SAMARA DRIVE
 Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

Zip Country
33618 USA

4. Date Incorporated or Qualified To Do Business in Florida
03/16/94

5. FEI Number
59-3231788
 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CARLOS A. PAZOS	3028 SAMARA DRIVE	TAMPA, FL 33618

700002747307-6
 -01/20/99-01027-015
 ****158.75 ****158.75

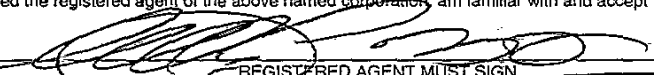
1/15/99

8. Name and Address of Current Registered Agent
**CARLOS A. PAZOS
 3028 SAMARA DRIVE
 TAMPA, FLORIDA 33618-4306**

9. Name and Address of New Registered Agent

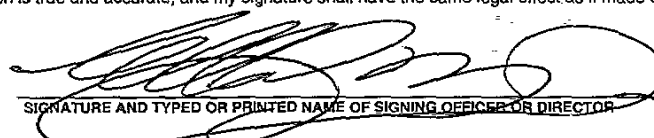
Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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  REGISTERED AGENT MUST SIGN Date **January 10, 1999**

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)(f), 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 Date **January 10, 1999** Daytime Phone # **(813) 899-2000**

CR2E081 (12/98)