

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000051074

1. Corporation Name
Alvarez, Rodriguez-Ecay & Company, P.A.

200111581002
11/01/07--01032--001 **1050.00

2. Principal Office Address - No P.O. Box #
782 NW 42nd Avenue

3. Mailing Office Address
782 NW 42nd Avenue

Suite, Apt. #, etc.
Ste 545

Suite, Apt. #, etc.
Ste 545

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33126 USA

Zip Country
33126 USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 6-1-99

5. FEI Number 65-0923735
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Emilio Alvarez
Street Address (P.O. Box Number is Not Acceptable)
782 NW 42nd Avenue
Suite, Apt. #, Etc.
Ste 545
City State Zip Code
Miami FL 33126

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VSD	Emilio F. Alvarez	782 NW 42nd Avenue Ste 545	Miami, FL 33126

REINSTATEMENT
05-07

10. 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 contained in Chapter 119, 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: Emilio Alvarez EMILIO ALVAREZ 10/29/07 305-444-6503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #