

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JUL 31 AM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 803000088134

1. Corporation Name

Phetsomboune Teresa Emanivong, P.A

REINSTATEMENT 04-07

2. Principal Office Address - No P.O. Box #

1900 Sunset Harbour Dr.

3. Mailing Office Address

1900 Sunset Harbour Drive

CR2E081 (1/07)

Suite, Apt. #, etc.

#2402

Suite, Apt. #, etc.

#2402

City & State

Miami, FL

City & State

Miami, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/03

5. FEI Number

651200411

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

Phetsomboune Teresa Marshall

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

1900 Sunset Harbour Dr.

Suite, Apt. #, Etc.

#2402

City

Miami

State

FL

Zip Code

33139

☒ 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

Teresa Marshall

Date

7/25/07

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
President	Phetsomboune Teresa Marshall	1900 Sunset Harbour Dr. #2402	Miami, FL, 33139

800106977488
07/31/07--01021--009 **\$800.00

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: Teresa Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/07

Daytime Phone #

305-785-4499

8/1/07