

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

'05 MAR 21 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03012005 REIN-P CR2E098 (6/04) *MRS*

<b>DOCUMENT # 602974</b> 1. Entity Name <b>OSCAR R. GONZALEZ, P.A.</b>					
Principal Place of Business <b>600 GRAPETREE DRIVE 5 DN KEY BISCAYNE, FL 33149</b>			Mailing Address <b>600 GRAPETREE DRIVE 5 DN KEY BISCAYNE, FL 33149</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1352807</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, OSCAR R 6940 SUNRISE DR. CORAL GABLES, FL 33143</b>				7. Name and Address of New Registered Agent Name <b>OSCAR R. GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable)  <b>600 GRAPETREE DRIVE #5DN</b> City <b>KEY BISCAYNE</b> <b>FL</b> Zip Code <b>33149</b>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>3/18/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>				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	PD GONZALEZ, OSCAR R 600 GRAPETREE DR 5DN KEY BISCAYNE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			<b>REINSTATEMENT 04-05</b>  <b>200049937032</b> <b>04/05/05--01087--011 **300.00</b>		
SIGNATURE: <i>[Signature]</i> <b>President</b>				Date <b>March 18/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	