

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
FALL 2012

13 FEB 15 PM 1:42

DOCUMENT # 692178

1. Corporation Name

Emilio De La Cal, Attorney at Law, P.A.

REINSTATEMENT 10-13

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

6161 Blue Lagoon Dr.

Suite, Apt. #, etc.

400

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Office Address

6161 Blue Lagoon Drive

Suite, Apt. #, etc.

400

City & State

Miami, Florida

Zip

33126

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 26, 1981

5. FEI Number

59-2119919

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 de la Cal

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

6161 Blue Lagoon Drive

Suite, Apt. #, Etc

400

City

Miami

State

FL

Zip Code

33126

100244661291
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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

REGISTERED AGENT MUST SIGN

Date

2-7-13

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
P/S	Emilio de la Cal	6161 Blue Lagoon Dr. #400	Miami, FL 33126
VP/T	Emilio de la Cal	6161 Blue Lagoon Dr. #400	Miami, FL 33126

FEB 15 2013

10. E-mail Address: delacallaw@bellsouth.net

(To be used for future annual report notification)

D. BUTLER

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Emilio De La Cal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-13

Date

3052674665

Daytime Phone #