

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 25 AM 8:32

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F35694

1. Corporation Name

AGUSTIN de GOYTISOLO, P.A.

2. Principal Office Address

AGUSTIN DE GOYTISOLO PA  
HAS RELOCATED HIS OFFICE TO  
600 BILTMORE WAY STE 1205  
CORAL GABLES FL 33134-7534  
TEL 305 443-3412 FAX 305 443-0220

000004844920--1

-01/30/02--01059--008

\*\*\*\*750.00 \*\*\*\*750.00

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-243144

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

AGUSTIN de GOYTISOLO

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

AGUSTIN DE GOYTISOLO PA  
HAS RELOCATED HIS OFFICE TO

Suite, Apt. #, Etc.

600 BILTMORE WAY STE 1205

CORAL GABLES FL 33134-7534

City

TEL 305 443-3412 FAX 305 443-0220

State  
FL

Zip Code

000004844920--1

-01/30/02--01059--009

\*\*\*\*150.00 \*\*\*\*150.00

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

[Signature]

Date

01/05/02

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 Officer and/or Director	City / State / Zip
D.	AGUSTIN de GOYTISOLO	AGUSTIN DE GOYTISOLO PA HAS RELOCATED HIS OFFICE TO 600 BILTMORE WAY STE 1205 CORAL GABLES FL 33134-7534 TEL 305 443-3412 FAX 305 443-0220	
P.T.S.	AGUSTIN de GOYTISOLO	600 BILTMORE WAY STE 1205	
VP	JOSEFINA GELATS de GOYTISOLO	CORAL GABLES FL 33134-7534	
Ass.T.	JOSEFINA GELATS de GOYTISOLO	TEL 305 443-3412 FAX 305 443-0220	
Ass.S.	AGUSTIN G. de GOYTISOLO	1550 TARAGUNA	CORAL GABLES 33134

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 under section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/05/02 SEE ABOVE

Daytime Phone #