

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 PM 2:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

G07773

DOCUMENT # G07773

1. Corporation Name

Ramon Carrion, P.A.

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

28163 U.S. 19 N

3. Mailing Office Address

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Zip

33761

Country

U.S.A.

Zip

Country

000147540060

03/26/09--01015--024 **1050.00

REINSTATEMENT 07-09KS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2249811

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
Ramon Carrion

Street Address (P.O. Box Number is Not Acceptable)
622 Quail Keep Drive

Suite, Apt. #, Etc.

City
Safety Harbor

State Zip Code
FL 34695

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

REGISTERED AGENT MUST SIGN

Date 03-23-2009

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	Ramon Carrion	622 Quail Keep Drive	Safety Harbor, FL 34695

000147540060

03/26/09--01015--025 **8.75

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:

RAMON CARRION 03-23-2009 727-5604320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #