

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **G30843**

1. Corporation Name

**Planas Worthy & Associates, Inc.**

2. Principal Office Address

**1990 NE 163rd ST.**

3. Mailing Office Address

**1990 NE 163rd ST.**

Suite, Apt. #, etc.

**Suite 205**

Suite, Apt. #, etc.

**Suite 205**

City & State

**North Miami Bch., FL**

City & State

**North Miami Bch., FL**

Zip

**33162**

Country

**USA**

Zip

**33162**

Country

**USA**

**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/29/1983**

5. FEI Number

**592297315**

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

**Jon Solow**

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

**7416 SW 48th Street**

Suite, Apt. #, Etc.

**Suite B**

City

**MIAMI**

**100025969881**

**01/05/04 01017 020 \*\*458.75**

State

**FL**

Zip Code

**33155**

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]*

REGISTERED AGENT MUST SIGN

Date **12/29/03**

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	Alberto E. Planas, Sr.	5845 Collins Avenue #303	Miami Beach / FL / 33140

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**Albert E. Planas, Sr.**  
**ALBERTO E. PLANAS, SR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**Dec. 15/03 (305)669-0067**

Daytime Phone #

Planas, Worthy & Associates, Inc  
Alberto Planas, Sr.  
1990 NE 163<sup>rd</sup> Street, Suite 205  
North Miami Beach, FL 33162

December 12, 2003

Florida Department of State  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document #

To Whom It May Concern:


Please accept my request to have the late fees waived in the process of reinstating my company, Planas, Worth & Associates, Inc. I did not receive any notice for the 2001 annual report.

Enclosed is a check in the amount of \$458.75 which covers the reinstatement fee and the certified copy fee.

Please call my assistant Trish Cardozo at (305) 669-0067 if you have any questions or cannot honor my request.

Thank you.

Sincerely,

  
Alberto Planas, Sr.