

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUL 30 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H 06043**

1. Corporation Name

**Jose C. CANAL P.A.**

Principal Place of Business

Mailing Address

**2655 Le Jeune Rd  
Suite #918  
Coral Gables FL 33134**

**SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>1984</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2421221</b>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	<b>Rose Emily CANAL</b>	<b>225 CADIMA AVENUE</b>	<b>Coral Gables FL 33134</b>
Sec.	<b>JOSE C. CANAL</b>	<b>225 CADIMA AVENUE</b>	<b>Coral Gables FL 33134</b>

**REINSTATEMENT 94-98**

**SL 7-30-98**

**300002604703-2  
-07/31/98--01100--021  
\*\*\*1350.00 \*\*\*1300.00**

8. Name and Address of Current Registered Agent

**Jose C. CANAL  
2655 Le Jeune Rd SUITE 918  
Coral Gables FL 33134**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Jose C Canal*  
REGISTERED AGENT MUST SIGN

Date **7/28/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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: *Jose C Canal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/98 (305) 442-4060**  
Date Daytime Phone #

CR2040 (1/98)