

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING AND FILING

APPLICATION FOR REINSTATEMENT



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

AND FILED

1996 OCT 31 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K24108**

1. Corporation Name  
**DIANA FIGUEROA, P.A.**

Principal Place of Business <b>1301 W EAU GALLE BLVD STE 98 MELBOURNE FL 32905 US</b>	Mailing Address <b>1301 W EAU GALLE BLVD STE 98 MELBOURNE FL 32905 US</b>
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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/19/1988	
City & State		City & State		5. FEI Number <b>50-2804508</b>	
Zip		Zip		Applied For / Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FIGUEROA, DIANA	1301 W EAU GALLE BLVD STE 98	MELBOURNE FL
			400001998464--6 11/07/96 01013 021 ***375.00 ***375.00

**REINSTATEMENT** *alred 11/2/96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FIGUEROA, DIANA 1301 EAU GALLE BLVD STE 98 MELBOURNE FL 32905		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

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: *[Signature]* **SIGNATURE REQUIRED** Date: **10/23/96**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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 REQUIRED** Date: **10/23/96** Daytime Phone #: **255-7119**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR-2006 (7/96)