

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 9:42

DOCUMENT # **L 01000011987**

1. Corporation Name

LAW OFFICES OF EFRAIN CORTES, LLC

2. Principal Office Address

3230 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

290

City & State:

FL LAUDERDALE, FL

Zip

33309

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700067306947

07/06--01021--002 **200.00

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/18/01

5. FEI Number

65-1126055

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

EFRAIN CORTES

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

3230 W. COMMERCIAL BLVD.

Suite, Apt. #, Etc.

290

City

FL LAUDERDALE

State

FL

Zip Code

33309

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

2/17/06

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 of Each Officer and/or Director	City / State / Zip
P	EFRAIN CORTES	3230 W. COMMERCIAL BLVD., #290	FL LAUDERDALE, FL 33309

REINSTATEMENT 05-06

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

2/16/07 (954) 486-5722

Daytime Phone #