

182

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR -2 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53152

1. Corporation Name

JORGE O. HERNANDEZ, D.D.S., P.A.

REINSTATEMENT 04-06 PSC

CR2E081 (12/05)

2. Principal Office Address

6080 S.W. 40 ST.

3. Mailing Office Address

9700 S.W. 73 CT.

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

PINECREST, FL

4. Date incorporated or Qualified To Do Business in Florida

2/27/1990

5. FEI Number

65-0176914

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33156

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JORGE O. HERNANDEZ

800067436708

03/09/06--01014--004 **451.00

Street Address (P.O. Box Number is Not Acceptable)
9700 S.W. 73 CT.

Suite, Apt. #, Etc.

City
PINECREST

State
FL

Zip Code
33156

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 X 2-27-06

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
DP	JORGE O. HERNANDEZ	9700 S.W. 73 CT.	PINECREST, FL 33156

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-27-06

Date

Daytime Phone #

2082



1987 NW 88th Court • Suite 201 • Doral, FL 33172
Tel: 305.477.1988 • Fax: 305.477.1688

LESTER BARRERAS, C.P.A., P.A.

February 17, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Jorge O. Hernandez, D.D.S., P.A.

Dear Sir or Madam,

We are the accountants for the above referenced company and have been requested to respond to you on their behalf.

Our client informed us that his corporation's status is listed as "inactive" at the Division of Corporations and requested that we research why. It came to our attention that our client had a change of address in 2003 which may have caused a delay and/or an interference with the postal office; therefore our client has not received any Annual Report Notices since then. The correct mailing address that should be listed is:


Jorge O. Hernandez, D.D.S., P.A.
9700 S.W. 73 Ct.
Pinecrest, FL 33156

At this time, we are respectfully requesting that our client does not get penalized the reinstatement fee. Our client would like to pay for each year's annual report at the original cost of \$150 per year including the current year (2004, 2005, and 2006). Enclosed is a check in the amount of \$450.00 for the three years Annual Report.

Should you have any questions, please do not hesitate to contact our office at your earliest convenience.

Sincerely,

LESTER BARRERAS, C.P.A., P.A.


Lester Barreras, C.P.A.
LB/glb