

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L63816**

1. Corporation Name

Teresa Blanca, P.A.

900023666089
10/09/03--01045--016 **300.00

REINSTATEMENT 03

2. Principal Office Address

735 Crandon Blvd

Suite, Apt. #, etc.

Apt 504

City & State

Key Biscayne, FL

Zip

33149

Country

Dade

3. Mailing Office Address

735 Crandon Blvd.

Suite, Apt. #, etc.

Apt 504

City & State

Key Biscayne, FL

Zip

33149

Country

Dade

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

65-0198627

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

Teresa Blanca

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

735 Crandon Blvd. Apt 504

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

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
PD	Teresa Blanca	735 Crandon Blvd, Apt 504	Key Biscayne, FL 33149
ST	Teresa Blanca	735 Crandon BLvd, Apt 504	Key Biscayne, FL 33149

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

SIGNATURE:

T. Blanca **TERESA BLANCA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/03

Date

305 533-2869

Daytime Phone #

CR2E081 (10/02)

ERNESTO GONZALEZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

GABLES INTERNATIONAL PLAZA

2655 LE JEUNE ROAD, SUITE PH 2-B

CORAL GABLES, FLORIDA 33134-5827

MEMBER

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

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October 1, 2003

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

RE: Teresa Blanca, P.A.
Document # L63816
EIN: 65-0198627
Form: Corporation Reinstatement

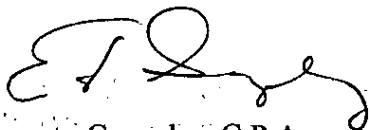
To Whom It May Concern:

The above-mentioned corporation has not received its forms ***For Profit Corporation Uniform Business Report (UBR)***, for the years 2002 and 2003. Please note the change in principal office address and mailing office address in the enclosed form.

As per your request, enclosed please find the form for the corporation reinstatement and two checks payable to Florida Department of State for \$300.00, which includes \$150.00 for the year 2002 and \$150.00 for the year 2003.

If you need any additional information, please do not hesitate to call me.

Respectfully,



Ernesto Gonzalez, C.P.A.
For The Firm

Enclosures Corporation Reinstatement
(2) Checks