

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 14 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91137

1. Corporation Name

JESUS E. DEL VALLE, P.A.

2. Principal Office Address
3934 SW 8th Street

3. Mailing Office Address

Suite, Apt. #, etc.
306

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State

Zip
33134

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/24/90

5. FEI Number
65-0214404

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

JESUS E. DEL VALLE

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

4404 Alhambra Circle

Suite, Apt. #, Etc.

City

Coral Gables

State
FL

Zip Code
33146

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

See below

Date

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
Pres.	Jesus E. Del Valle	4404 Alhambra Circle	Coral Gables, FL 33146

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Roberts APR 22 2005

CR2E081 (01/05)