

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 111405

1. Corporation Name

ABA Professional Association Inc

Principal Place of Business

Mailing Address

300 Biscayne Blvd Way  
Ste. 615  
Miami, FL 33131

Same.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

2/15/85

5. FEI Number

59-8229280

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
President	Patricia Mendola	300 Biscayne Blvd Way #615	Miami, FL 33131
Sec.	Mariana Orsini	300 Biscayne Blvd. Way #615	Miami, FL 33131
CEO/Director	Wenceslao M. Lora	300 Biscayne Blvd. Way #615	Miami, FL 33131

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\*\*\*1500.00 \*\*\*1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Conzolo R. Dorta, P.A.  
1401 Brickell Ave. Ste. 650  
Miami, FL 33131

Name

Conzolo R. Dorta

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

1401 Brickell Ave. Ste. 650

Suite, Apt. #, etc.

Suite 650

City

Miami

State

FL

Zip Code

33131

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]

REGISTERED AGENT MUST SIGN

Date

2/12/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #