

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -8 PM 4:44

DOCUMENT # **m11405**

1. Corporation Name

ABA Professional Association Inc.

2. Principal Office Address

751 Opa-Locka Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Opa Locka

City & State

FL

Zip

33155

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1984

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. Name and Address of Current Registered Agent

Name

Natalie Lora

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

7395 W 15th Ave.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33014

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

Natalie Lora

REGISTERED AGENT MUST SIGN

Date **11/8/02**

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
Pre	Patricia A. Mendiola	751 Opa-Locka Blvd.	Opa Locka FL 33155
Sec.	Natalie C. Lora	7395 W 15 th Ave	Hialeah, FL 33014

REINSTATEMENT 00/02

300008902173
11/12/02--01001--005 **458.75

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:

Natalie C. Lora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-8-02

Daytime Phone #

CR2E081 (9/01)

November 08, 2002

ABA Professional Association Inc.
751 Opa Locka Boulevard
Opa Locka Florida 33144

Ref : Document #M11405 FBI #59-8229280

Florida Division Of Corporation
409 East Gaines st.

Dear Ms Eula.

As previously stated we have not received the reports and or document for the years 2000, 2001, and 2002. Hence we respectfully request that the penalties be waived. Attached you will find the amount requested \$ 450.00

Sincerely,

