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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M15567

1. Corporation Name

RAUL A. ALVAREZ, ARCHITECT P.A. AND ASSOCIATES

Principal Place of Business

| ! | 8TH ST., SUITE 37 33174-2900 | 9600 SW 8TH ST., SUITE 37 MIAMI FL 33174-2900 | | | REINSTATEMENT OU | | | | | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|--|--|--|
| If above a | ddresses are incorrect in any way, line th | rough incorrect in | nformation and ente | : er carrection below, | Keino | WI Prins | | | | |
| | ncipal Office Address, if Applicable | | ing Office Address, | | 4. Date Incorp To Do Busir | orated or Qualified ness in Florida | 05/17/1985 | | | |
| Suite, Apt. | #, etc. | , etc. | | 5. FEI Number | | Applied For | | | | |
| City & State |) | City & State | | <u> </u> | . 2 | 59-2531101 | Not Applicable | | | |
| Zip | Country | Zip | Country | | 6. CERTIFICATE | E OF STATUS DESIRED | \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Names a | and Street Addresses of Each Officer and | d/or Director (Flo | rida nonprofit corpc | orations must list at lea | ast 3 directors) | | | | | |
| Title(s) | Name of Officers and/or Directors 2 | | 3 (Do NOT | Street Address of Each Officer and/or Director Use Post Office Box N | eet Address of Each icer and/or Director se Post Office Box Numbers) | | City / State / Zip | | | |
| DP | ALVAREZ, RAUL A. | | 6460 NW 2NE |) ST | - | MIAMI FL | | | | |
| PV | ALVAREZ, RAUL A. JR | | 6460 NW 2ND |) ST | | MIAMI FL | | | | |
| <i>‡</i> | | 700020528975 -81/99/9701086011 ****375.00 *****375.00 | | | | | | | | |
| J. | | | | | | | | | | |
| | · | | | | | B- | 1-017 | | | |
| | 8. Name and Address of Current | Registered Age | ınt | | Name and Address of New Registered Agent | | | | | |
| 9600 SUITE | REZ, RAUL A. SW 8TH STREET ER 37 I FL 33174 | ر میواند در استخداد میموند بید در در در استخداد میموند این در | ينت وسيدور وسيعه الروي | Street Address (P.O. Box Number is Not Acceptable) -Suite, Apt. #, Etc. City State Zip Code | | | | | | |
| 10. I, being | appointed the registered agent of the ab | ove named corpo | ration, am familiar v | with and accept the ob | bligations of Section | on 607.0505, F.S. | | | | |
| Signature of Registered Agent Date 17/31/96 | | | | | | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No | | | | | | | | | | |

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)(f), 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: