
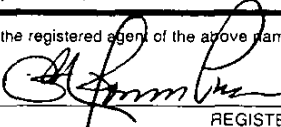
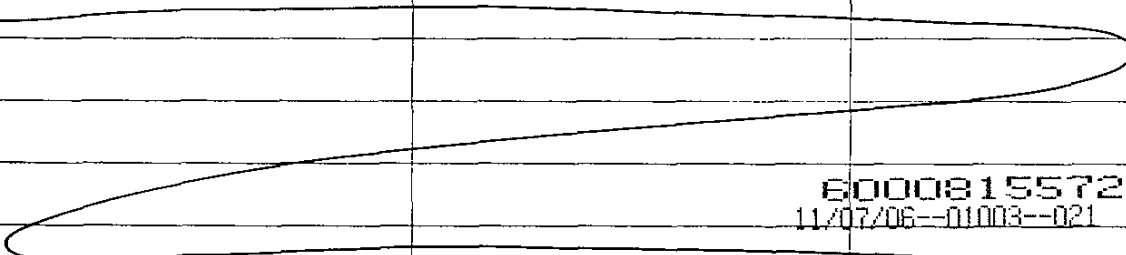
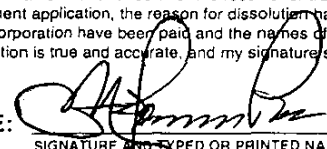


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | 06 NOV -7 PM 2:21 | | | | | | | |
|---|-----------------------------------|---|---------|---|--------------------------|-------------------------------|--|--|--|--|--|
| DOCUMENT # M23485 | | | | | | | | | | | |
| 1. Corporation Name MANUEL ALONSO-POCH, P.A. | | | | | | | | | | | |
| 2. Principal Office Address 3138 COMMODORE PLAZA | | 3. Mailing Office Address SAME | | REINSTATEMENT 05-06 | | | | | | | |
| Suite, Apt. #, etc. Suite 318 | | Suite, Apt. #, etc. SAME | | 4. Date Incorporated or Qualified To Do Business in Florida 11/15/1985 | | | | | | | |
| City & State MIAMI FLORIDA | | City & State SAME | | 5. FEI Number 59-2604662 | | | | | | | |
| Zip 33133 | Country USA | Zip SAME | Country | Applied For <input type="checkbox"/> Not Applicable | | | | | | | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status | | | | | | | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | | |
| Name MANUEL ALONSO-POCH | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 3138 COMMODORE PLAZA | | | | | | | | | | | |
| Suite, Apt. #, Etc. Suite 318 | | | | | | | | | | | |
| City MIAMI | | | | State FL | Zip Code 33133 | | | | | | |
| 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  | | | | Date 11/3/06 | | | | | | | |
| 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 | | | | | | | |
| PTSD | MANUEL ALONSO-POCH | 3138 COMMODORE PLAZA STE 318 | | MIAMI, FL. 33133 | | | | | | | |
|  | | | | | | | | | | | |
| | | | | | | 600081557276 | | | | | |
| | | | | | | 11/07/06--01003--021 **300.00 | | | | | |
| 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 contained in Chapter 119, 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:  | | | | Date 11/3/06 (305) 448-4053 | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | | | | | | | |