

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

20 JUL 19 AM 11:38

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M61810

1. Corporation Name

DE LA OSA & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

5001 S.W. 74th COURT  
SUITE # 202  
MIAMI, FL 33155

SAME

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

65-0010879

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	CARLOS M. DE LA OSA	1134 ALFONSO AVENUE	CORAL GABLES, FL 33146

308002845903--6  
-07/30/99--01049--008  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARLOS M. DE LA OSA  
5001 S.W. 74th COURT # 202  
MIAMI, FL 33155

Name

SAME

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 7/16/99

11. This corporation owes 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)(j), F.S. The information included 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

7/16/99

Date

(305) 273-1040

Daytime Phone #

CR2E081 (12/98)