

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 AUG 12 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000009485

1. Corporation Name

IAN STANISLAUS GÓMEZ, P.A.

2. Principal Office Address

2037 FIRST AVENUE N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

Zip

33713

County

PINELLAS

3. Mailing Office Address

2037 FIRST AVENUE NORTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

Zip

33713

County

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

1/24/2000

5. FEI Number

59-3620885

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

IAN S. GÓMEZ

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

2037 FIRST AVENUE NORTH

Suite, Apt. #, Etc.

City

SAINT PETERSBURG

State

FL

Zip Code

33713

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

8/6/2004

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
Pres.	IAN S. GÓMEZ	2037 FIRST AVENUE NORTH	ST. PETERSBURG, FL 33713
Secy/Treas	" " "	"	" " "

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:

*[Signature]* IAN STANISLAUS GÓMEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/6/2004

Daytime Phone #

727/895-7932

CR2E081 (01/04)