

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000021738**

1. Corporation Name

JUAN DE JESUS GONZALEZ, LAWYER, PA

Principal Place of Business

Mailing Address

2100 CAROL WAY
STE 404
MIAMI FL 33145

2100 CAROL WAY
STE 404
MIAMI FL 33145

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



700024183367
10/28/03--01004--006 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2000

5. FEI Number

65-0986750

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GONZALEZ, JUAN DE JESUS	11305 SW 24 TERRACE 13201 SW 36 Terr.	MIAMI FL 33165 33175

8. Name and Address of Current Registered Agent

GONZALEZ, JUAN DE JESUS
11305 SW 24 TERRACE
MIAMI FL 33165

13201 SW 36 Terr.
miami, FL 33175

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/22/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03

CR2E040 (7/03)

Juan de Jesus Gonzalez, Lawyer, P.A.

2100 Coral Way, Suite 404
Miami, Florida 33145
Phone (305) 854-8495
Fax (305) 854-8595

October 22, 2003

Via U.S. Mail

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

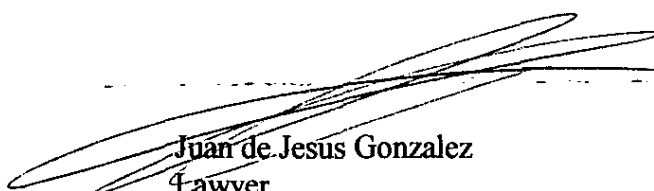
Re: **Juan de Jesus Gonzalez, Lawyer, P.A.**
Document No. P00000021738

Dear Sir or Madam,

We are in receipt of your Certificate of Administrative Dissolution or Revocation of the above corporation. Please know that although the address indicated on the application for reinstatement is correct, this office neither received notice nor reminder of corporate annual reports/uniform business reports being due. Accordingly, we enclose our check in the sum of \$150.00 for our corporation together with our completed application for reinstatement.

Should you have any questions or comments, please contact me. Until then, I remain

Your obedient servant,



Juan de Jesus Gonzalez
Lawyer

JJG:ma
enclosure