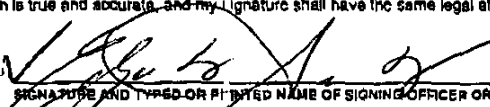


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 JUL -8 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P00000026201					
1. Corporation Name EDUARDO ARVELO, P.A. 463 TAMARIND PARKE LANE					
2. Principal Office Address 463 TAMARIND PARKE LANE			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State KISSIMMEE, FLORIDA			City & State		
Zip 34759	Country U.S.A.	Zip	Country	4. Filing Fee 400038938114 07/09/04--01047--002 **1208.75 REINSTATEMENT 01-04	
5. FEI Number				☒ 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 EDUARDO ARVELO					
Street Address (P.O. Box Number is Not Acceptable) 463 TAMARIND PARKE LANE					
Suite, Apt. #, Etc.					
City KISSIMMEE				State FL	Zip Code 34759
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 06/17/04	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PDST	EDUARDO ARVELO	463 TAMARIND PARKE LANE		KISSIMMEE, FLA. 34759	
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)(b), 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 06/30/04 Daytime Phone # 407-518-9193	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR25001 (6/04)

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