

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000036416

1. Corporation Name

GONZALEZ & WEED, ATTORNEYS AT LAW, P.A.

Principal Place of Business

4505 N ALENIA AVE
SUITE 102B
TAMPA FL 33603

Mailing Address

4505 N ALENIA AVE
SUITE 102B
TAMPA FL 33603

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

2. New Principal Office Address, if Applicable

4505 N. Armenia Ave

Suite, Apt. #, etc.

Suite 102 B

City & State

Tampa, FL

Zip 33603-2703 Country USA

3. New Mailing Office Address, if Applicable

4505 N. Armenia Ave.

Suite, Apt. #, etc.

Suite 102 B

City & State

Tampa, FL

Zip 33603-2703 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

04/11/2000

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GONZALEZ, JOSE C	4505 N ARMENIA AVE, SUITE 1028 102	TAMPA FL 33603
D	WEED, DIRK R	4505 N ARMENIA AVE, SUITE 1028 102	TAMPA FL 33603

400009025994
11/15/02--01079--011 **175.00

8. Name and Address of Current Registered Agent

GONZALEZ, JOSEPH A
3205 LEROY AVE.
TAMPA FL 33607

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

CR2E040 (8/02)

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

Joseph A Gonzalez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-12-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-02 (813) 414-0078

Date

Daytime Phone #

**GONZALEZ & WEED
ATTORNEYS AT LAW, P.A.**

ATTORNEYS

**Jose C. Gonzalez
Dirk R. Weed**

ASSISTANTS

**Dawn Goforth
Mariette Rios**

November 12, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is check in the amount of One Hundred Seventy- Five (\$175.00) dollars for the renewal of the corporation of Gonzalez & Weed, Attorneys at Law, P.A. This renewal is not filed timely because the address as it appears on the renewal form is incorrect. Please be advised that the correct mailing address for the corporation is:

4505 North Armenia Avenue, Suite 102B
Tampa, Florida, 33603

The telephone number for the corporation is (813) 414-0078. I trust that this information will be corrected and the corporation renewal will be updated as soon as possible. Please contact my office with any questions or concerns regarding this matter.

Sincerely,



Dirk R. Weed, Esquire