

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 10 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Neil M. Gonzalez, P.A.

000000046592

2. Principal Office Address

14340 SW 57th Lane

3. Mailing Office Address

Same

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33183

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

65-1009493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. AHC Her Srr toll TfyGhtlce alDmniactorTSmcea

Name

Neil M. Gonzalez, Jr.

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

14230 SW 57th Lane

Suite, Apt. #, Etc.

203

City

Miami

State
FL

Zip Code
33183

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

3/6/03

REGISTERED AGENT MUST SIGN

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/Dir	Neil M. Gonzalez, Jr	14230 SW 57th Lane #203	Miami, FL 33183

10. I certify that I am an officer or director of 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.

PLEASE PRINT

PLEASE PRINT OUT COMPLETED BY MUTASFI TBMRLEAETBMILGDTBTULDG BD

3/6/03

Date

Daytime Phone #

(351) 740-5055

EXT 234

2/2/03

CR2E081 (10/02)

NEIL M. GONZALEZ, P. A.
14340 SW 57th Lane #103
MIAMI, FL 33183
(305) 213-2459
(305) 740-5099 FAX

March 6, 2003

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

RE: Reinstatement of Neil M. Gonzalez, P.A.

Dear Sirs:

Enclosed is the Corporation Reinstatement form I down loaded from your web site. Also enclosed is a check for \$458.75, which is the annual fee for the years 2001, 2002 and 2003.

Note that I have never received an annual report form in those three years. I believe that because of the failure to receive the form all penalties should be waived and this P.A. should be reinstated.

I am also adding the \$8.75 in order to receive a certificate. If there are any questions please do not hesitate to contact the undersigned.

Sincerely,



Neil M. Gonzalez, Esq.