


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # P00000056268

1. Corporation Name

ALBERTO BABANI, RA.

2. Principal Office Address

495 SOUTH SHORE DR.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

Zip

33141

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

**FILED**  
**04 FEB 23 PM 3:28**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**  
**REINSTATEMENT 03-04**  
**900029071049**  
**02/19/04--01012--004 \*\*300.00** **WOP**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1034780

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

Alberto Babani, Esquire

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

495 South Shore Dr.

Suite, Apt. #, Etc.

City

M.B.

State  
**FL**

Zip Code

33141

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

2/12/2004

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
P	Alberto Babani, Esq.	495 South Shore Dr.	M.B., FL. 33141

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2/12/04

Date

Daytime Phone #

305-775-1883

CR2E081 (01/04)

2052

**ALBERTO BABANI, P.A.**  
ATTORNEYS AT LAW

ALBERTO BABANI

495 SOUTH SHORE DRIVE  
MIAMI BEACH, FLORIDA 33141

TELEPHONE: (305) 899-9011  
FAX: (305) 675-8496

February 12, 2004

**US Mail**

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

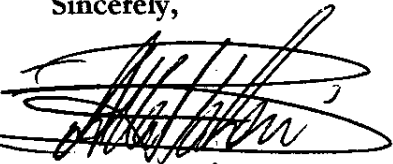
Re: Alberto Babani, P.A.  
Document Number P 00000056268

Dear Sir or Madam:

Please be advised Pursuant to Florida Statute I did not receive the UBR for 2003; I hereby kindly request that the late fee be waived. Enclosed herewith please find a check payable to the department of state in the amount of \$300.00 for 2003 and 2004. Attached hereto and enclosed herewith please also find a fully executed application for reinstatement.

Thank you in advance for your courtesy, cooperation and assistance in this matter.

Sincerely,



ALBERTO BABANI