1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071804

1. Entity Name
South Florida Bankruptcy Center, P.A.

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REINSTATEMENT 12-05

2. Principal Place of Business	3. Mailing Address
1840 W. 49th Street	Same
Suite, Apt. #, etc.: Suite # 220-1	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State
Zip: 33012 Country	Zip Country

4. FEI Number: 65-1024027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Attys AtLaw Joseph M. Corey, Jr., P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 W. 49th St. Suite # 220-1

City: Hialeah FL Zip: 33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Alex Hernandez
(Type or printed name of Registered Agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	Joseph M. Jr. Corey
STREET ADDRESS	1840 W. 49th St. # 220-1
CITY-ST-ZIP	Hialeah, Florida 33012
TITLE	PD
NAME	Alexander Hernandez
STREET ADDRESS	1840 W. 49th St., # 220-1
CITY-ST-ZIP	Hialeah, Florida 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/06/05--01040--011 **600.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Alex Hernandez 10/14/5 (305) 557-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

B. Mitchell OCT 28 2005

RAUL RICARDO JR.
CERTIFIED PUBLIC ACCOUNTANT

September 12, 2005

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: South Florida Bankruptcy Center, P.A.
Document # P00000071804

To Whom It May Concern:

Please be advised that my client (Corporation mentioned above) did not receive their UBR form for 2002, 2003, 2004 & 2005.

We are requesting that you waive the late fees and accept the enclosed UBR form along with a check in the amount of $600, to cover the initial renewal charges. Please send all correspondence to 1840 W. 49th St., Suite # 220-1, Hialeah, Florida 33012. Please note that the address change is reflected on the UBR form. Also, please change my client's status from Administratively Dissolved to Active as soon as possible.

If you have any questions, please feel free to contact me at my office number listed below.

Sincerely,

Raul Ricardo, C.P.A., P.A.
Lic. # AC0013416

1840 W. 49TH ST. SUITE 100 HIALEAH, FLORIDA 33012
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