

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -2 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078300

1. Corporation Name

MARIA L. QUINTERO, P.A.

2. Principal Office Address

4028 Pepper Tree Dr.

Suite, Apt. #, etc.

City & State

Weston, FL 33332

Zip

33332

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

**7. Name and Address of Current Registered Agent**

Name

Maria L. Quintero

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

4028 Pepper Tree Drive

Suite, Apt. #, Etc.

City

Weston,

State

FL

Zip Code

33332

200025891072  
12/31/03--01040--012 \*\*150.00

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

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
P	Quintero, Maria L.	4028 Pepper Tree Dr.	Weston, FL 33332

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/29/03. 931-465-1586

CR2E081 (1/0/02)

LAW OFFICES  
ARVESU & ASSOCIATES, P.L.L.C.  
CORAL GABLES • WESTON

201 Alhambra Circle, Suite 502  
Coral Gables, FL 33134  
(305) 442-2558 • Office  
(305) 442-9882 • Fax

LESLIE ALAN ROZENCWAIG, P.A.  
OF COUNSEL

2853 Executive Park Drive  
Weston, FL 33331  
(954) 659-2477 • Office  
(954) 659-2478 • Fax

PLEASE REPLY TO:  
CORAL GABLES

December 29, 2003

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

Attn: Reinstatement Department

Re: Maria L. Quintero, P.A.  
Document No. P00000078300

Dear Sir/Madam:

Enclosed please find Reinstatement application and check in the amount of \$150.00, please note that our client has not received her annual application due to the fact that the corporate address was incorrect.

If acceptable kindly file the attached. We have enclosed a self addressed stamped for the return of your receipt.

Thank you for your cooperation.

Sincerely,

Arvesu & Associates, P.L.L.C.

By: 

Maria E. Figueredo, Secretary

/mef

Enclosure