

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 29 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000085981

1. Corporation Name

Juan C. Herran PA

2. Principal Office Address

113 Lighthouse Circle

3. Mailing Office Address

113 Lighthouse Circle

Suite, Apt. #, etc.

Apt G

Suite, Apt. #, etc.

Apt G

City & State

Tequesta, FL

City & State

Tequesta, FL

Zip

33469

Country

USA

Zip

33469

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

7/20/03

5. FEI Number

9/12/2000

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

Juan C. Herran

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

113 Lighthouse Circle

800024249788

10/29/03--01035--013 **150 00

Suite, Apt. #, Etc.

Apt G

City

Tequesta

State

FL

Zip Code

33469

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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	Juan C. Herran	113 Lighthouse Circle Apt G	Tequesta, FL 33469

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:

JUAN C. HERRAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

786-556-9179

Daytime Phone #

CR2E081 (10/02)

21 11/3

**Juan C. Herran P.A.
113 Lighthouse Cir Apt-G
Tequesta, Fl 33469**

October 21, 2003

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

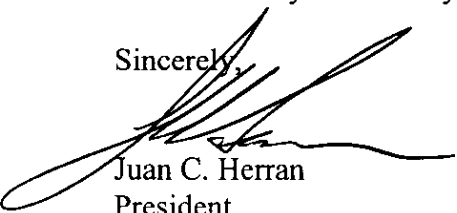
Ladies and Gentlemen:

We have recently received notification from your office that Juan C. Herran PA, Document # 00000085981 has been dissolved due to nonfiling of the 2003 Uniform Business Report.

We never received the 2003 UBR in the mail. Had we received the form, it would have been filed promptly with the required \$150 fee. Accordingly, we are requesting reinstatement of the corporation and a waiver of the \$600 reinstatement fee. Our check in the amount of \$150 is enclosed with this request, as well as the reinstatement application.

Thank you very much for your assistance with this matter. Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,



Juan C. Herran
President