

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092062

1. Corporation Name

Lourdes B. Rivera, P.A.

REINSTATEMENT *03-04*

800028408198
02/09/04--01035--019 **900.00

2. Principal Office Address

1929 Ponce de Leon Blvd.

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

1929 Ponce de Leon Blvd.

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 9/29/2000

5. FEI Number
651043112

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

Lourdes B. Rivera, P.A.

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

1929 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

City

Coral Gables, Florida

State

FL

Zip Code

33134

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

Lourdes B. Rivera

Date 2/5/04

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
PVSD	Lourdes B. Rivera	1929 Ponce de Leon Blvd.	Coral Gables, Florida 33134

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:

Lourdes B. Rivera

2/5/04

(305) 461-4901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)