

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 PM 3:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03



200025186192
12/03/03--01008--031 **150.00

DOCUMENT # **P00000095314**

1. Corporation Name

CARLOS M. XIQUES, P.A.

Principal Place of Business

Mailing Address

8820 SW 123RD COURT
SUITE L-305
MIAMI FL 33186

8820 SW 123RD COURT
SUITE L-305
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1048674

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	XIQUES, CARLOS M	8820 SW 123RD COURT SUITE L-305	MIAMI FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWMAN, BRUCE
12515 N KEMOALL DR. #314
MIAMI FL 33186

Name **Phillip Shenkman**
Street Address (P.O. Box Number is Not Acceptable) **12515 N. Kendall Drive**
Suite, Apt. #, Etc. **# 314**
City **Miami** State **FL** Zip Code **33180**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Phillip Shenkman* Date 11/25/03
REGISTERED AGENT MUST SIGN

11. 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)(l), 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: *Carlos M. Xiques* Date 11/28/03 Daytime Phone # 786-271-9731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

SHENKMAN & NEWMAN, C.P.A., P.A.

Certified Public Accountants

12515 North Kendall Drive, Suite 314

Miami, Florida 33186-1870

Telephone: 305-271-8585 Fax: 305-271-8877

305-271-9298

PHILIP SHENKMAN, C.P.A.

BRUCE NEWMAN, C.P.A.

November 24, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Carlos M. Xiques, P.A.
FEI#: 65-1048674

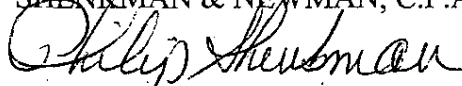
Dear Sir/Madam:

Enclosed please find the completed Application for Reinstatement and a check in the amount of \$150.00. Please note that the above referenced did not receive any other notices informing him that his business would be dissolved if the 2003 Uniform Business Report was not filed.

Please abate all penalties and accept the enclosed check as full payment.

Sincerely,

SHENKMAN & NEWMAN, C.P.A., P.A.



Philip Shenkman
Certified Public Accountant

PS/kmd

Enclosure

CC: Carlos M. Xiques, P.A.

Member:

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

Nevada Institute of Certified Public Accountants