

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

2001
VER
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 4:22

DOCUMENT # P00000106450

1. Corporation Name

RAYMOND RODRIGUEZ, PA

Principal Place of Business

106 SANDPINE CIRCLE
SANFORD FL 32773

Mailing Address

106 SANDPINE CIRCLE
SANFORD FL 32773

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2000

5. FEI Number

59-3681537

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RODRIGUEZ, RAYMOND	106 SANDPINE CIRCLE	SANFORD FL 32773
VD	CARCHI, SUSAN	106 SANDPINE CIRCLE	SANFORD FL 32773
			0000004632050--4 -11/29/01--01041--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, RAYMOND
106 SANDPINE CIRCLE
SANFORD FL 32773

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

AD

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/11/2001

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)(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 #

CF2E040 (8/01)

RAYMOND RODRIGUEAZ, PA.

20/2

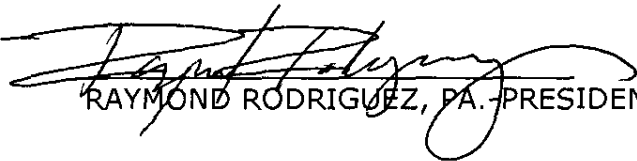
OCTOBER 12, 2001

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE ME THE \$550 PENALTY FOR NOT FILING MY UNIFORM
BUSINESS REPORT IN ON TIME. I HAD NOT PAID BECAUSE I DID NOT
RECEIVED MY REPORT AND I DID NOT KNOW THAT I HAVE TO PAY IT.

THANK YOU FOR YOUR ATTENTION,


RAYMOND RODRIGUEAZ, PA. - PRESIDENT