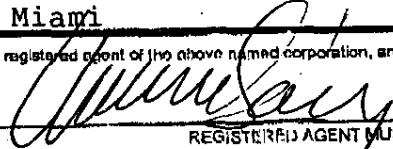
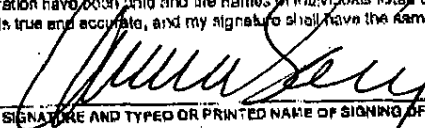


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 03 JUL 22 AM 11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000022369660 08/18/03--01005--020 **1058.75 REINSTATEMENT 9-03																													
DOCUMENT # P00000107916 1. Corporation Name WILLIAM J. SANCHEZ, P.A.																																	
2. Principal Office Address 10621 N. Kendall Dr. Suite, Apt. #, etc. 211 City & State Miami, Fl. Zip 33176 Country USA		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country 		4. Date Incorporated or Qualified To Do Business in Florida 11-20-2000 5. FEI Number 650120008 6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name William J. Sanchez Street Address (P.O. Box Number is Not Acceptable) 10621 N. Kendall Dr. #211 Suite, Apt. #, Etc. City Miami State FL Zip Code 33176																																	
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 7-21-03 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">D</td> <td>William J. Sanchez</td> <td>10621 N. Kendall Dr. 211</td> <td>Miami, Fl 33176</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	William J. Sanchez	10621 N. Kendall Dr. 211	Miami, Fl 33176																				
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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:  WILLIAM J. SANCHEZ Date 7-21-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	