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

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REINSTATEMENT 9-03

DOCUMENT # P00000107916

1. Corporation Name

WILLIAM J. SANCHEZ, P.A.

2. Principal Office Address	3. Mailing Office Address
10621 N. Kendall Dr.	same
Suite, Apt. #, etc. 211	Suite, Apt. #, etc.
City & State Miami, Fl.	City & State
Zip 33176 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 11-20-2000

5. FEI Number: 650120008 — 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: 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)

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

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 — Daytime Phone #