

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000114260

1. Corporation Name

FRANK A. VAZQUEZ, PA.

Principal Place of Business

Mailing Address

14922 SW 149 ST
MIAMI FL 33196

14922 SW 149 ST
MIAMI FL 33196

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

FRANK A. VAZQUEZ
Suite, Apt. #, etc.

FRANK A. VAZQUEZ
Suite, Apt. #, etc.

9040 SW 152 ST

9040 SW 152 ST

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33157 DAGE

Zip Country
33157 DAGE

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2000

5. FEI Number

65-1061796

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VAZQUEZ, FRANK A	14922 SW 149 ST	MIAMI FL 33196

100024567611
11/10/03 01001 013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAZQUEZ, FRANK A
14922 SW 149 ST
MIAMI FL 33196

Name

SAME

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-20-03

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 #

10-20-03 305-278-0000

CR2E040 (7/03)

October 20, 2003

To: Glenda E. Hood
Secretary of State
Division Of Corporations

From: Frank A. Vazquez, PA.
14922 SW 149 ST
Miami, FL 33196

This letter is to inform you that I have not received any reinstatement notices on this corporation. If you wish to contact me please do so 305-278-0000.

Sincerely,

Francisco A. Vazquez