

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 # P00000114363

1. Corporation Name

LAW OFFICE OF FERNANDO HERNANDEZ, P.A.

Principal Place of Business

Mailing Address

~~4500 LE JEUNE ROAD~~
~~CORAL GABLES FL 33146~~

~~4500 LE JEUNE ROAD~~
~~CORAL GABLES FL 33146~~



REINSTATEMENT 03

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

12/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1061243

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

33134

USA

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
D	HERNANDEZ, FERNANDO	4500 LE JEUNE ROAD	CORAL GABLES FL 33146

000025565610
12/17/03--01070--021 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

Fernando Hernandez

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

2695 S. Le Jeune Rd, Suite 202

Suite, Apt. #, Etc.

Coral Gables

City

State

FL

Zip Code

33134

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

12/12/03

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

12/12/03

Date

Daytime Phone #

CR2E040 (7/03)