

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP 15 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000114363

1. Corporation Name

Law Office of Fernando Hernandez, P.A.

2. Principal Office Address - No P.O. Box #

2701 S. Bayshore Drive

Suite, Apt. #, etc.

Suite 605

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

2701 S. Bayshore Drive

Suite, Apt. #, etc.

Suite 605

City & State

Miami, FL

Zip

33133

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2000

5. FEI Number

65-1061243

☐ 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

Fernando Hernandez

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

2701 S. Bayshore Drive

Suite, Apt. #, Etc.

Suite 605

City

Miami, FL

State

FL

Zip Code

33133

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date 9/10/2008

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
P	Fernando Hernandez	2701 S. Bayshore Drive, Suite 605	Miami, FL 33133

300136140263
09/19/08 01003-009 **1050.00

REINSTATEMENT

06-08

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 contained in Chapter 119, 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]

FERNANDO HERNANDEZ

Date

9/10/08

Daytime Phone #

305
858
3221