

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116525

1. Corporation Name

RICHARD J. GONZALEZ P.A.

REMAX PARK CREEK  
6572 ST. RD. 7  
COCONUT CREEK, FL 33073

Principal Place of Business

Mailing Address

~~KEMAX IN MOTION~~  
~~11355 HERON BAY BLVD #101~~  
~~CORAL SPRINGS FL 33076~~

~~KEMAX IN MOTION~~  
~~11355 HERON BAY BLVD #101~~  
~~CORAL SPRINGS FL 33076~~



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

10355 N.W. 6th CT.

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1064912

Applied For

Not Applicable

City & State

CORAL SPRINGS, FL

City & State

Zip  
33071

Country  
FLORIDA

Zip

Country

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
P	GONZALEZ, RICHARD J	<del>8057 NW 71ST CT</del> 10355 N.W. 6th CT.	<del>TAMARAC FL 33321</del> CORAL SPRINGS, FL 33071
V	GONZALEZ, CAROL A	<del>8057 NW 71ST CT</del> 10355 N.W. 6th CT.	<del>TAMARAC FL 33321</del> CORAL SPRINGS, FL 33071

2000242504 72  
10/29/03--01041--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, RICHARD J

~~8057 NW 71ST CT~~ SEE ABOVE  
~~TAMARAC FL 33321~~

Name

GONZALEZ, RICHARD J.

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

10355 N.W. 6th CT.

Suite, Apt. #, Etc.

City

CORAL SPRINGS,

State

FL

Zip Code

33071

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 10-27-03

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

RICHARD J. GONZALEZ

10-27-03

Date

954-253-0492

Daytime Phone #

CR2E040 (7/03)

Date: 10/27/03

From: Richard J. Gonzalez – Richard J. Gonzalez P.A.

To: Florida Department of State – Division of Corporations

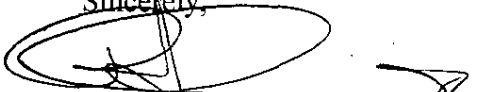
Subject: Uniform Business Report

Dear Sir or Madame

This letter is written to inform you that I did not receive the Annual Report Form and was unaware of it until now. I am enclosing my new business address on the Application for Reinstatement as well as a check for said reinstatement.

Feel free to contact me with any questions/comments at 954-253-0492 regarding this matter.

Sincerely,



Richard J. Gonzalez - President