

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 11 PM 4:45

DOCUMENT # P01000004791

**1. Corporation Name**

Gregg R. Lopez P.A.

10700 North Kendall Drive  
10700 North Kendall Drive

**2. Principal Office Address**

10700 North Kendall Drive

**3. Mailing Office Address**

10700 North Kendall Drive

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

Miami-Dade

Zip

33176

Country

Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/12/01

**5. FEI Number**

65-1089814

☒ 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

Gregg R. Lopez

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

10700 North Kendall Drive

Suite, Apt. #, Etc.

Suite 400

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

REGISTERED AGENT MUST SIGN

Date

0/9/04

**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
Pres.	Gregg R. Lopez	10700 North Kendall Drive Suite 400	Miami/Florida/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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 630-3898 ext 227

CR2E081 (01/04)

Gregg R. Lopez, P.A.  
Attorney At Law

June 9, 2004

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: REINSTATEMENT for Gregg R. Lopez P.A.

To Whom It May Concern:

Attached please find the reinstatement forms for Gregg R. Lopez P.A. and a \$300.00 check. The reason why this payment was not made any earlier was because we were unaware of the fact a payment was due. If we had received a bill we would have paid it according to the time allotted. We have recently just moved from one office to another, which may have caused some confusion.

If you have any further questions regarding this situation feel free to contact us at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Susie Rodriguez', written in a cursive style.

Susie Rodriguez  
Office Manager