

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 9:33

DOCUMENT # **P01000010918**

1. Corporation Name

**ELIZABETH PEREZ-GARCIA & ASSOCIATES, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA 32399  
 800009770278  
 12/31/02--01070--005 \*\*750.00



Principal Place of Business

14101 WEST COLONIAL DR.  
 WINTER GARDEN FL 34787

Mailing Address

14101 WEST COLONIAL DR.  
 WINTER GARDEN FL 34787

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

38 N. Boyd St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

38 N. Boyd St

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/30/2001

5. FEI Number

59-3695535

Applied For

Not Applicable

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

orange

Zip

34787

Country

orange

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
PTSD	PEREZ-GARCIA, ELIZABETH	14101 WEST COLONIAL DR.	WINTER GARDEN FL 34787
<del>VPD</del>	<del>BURGUNDER, KARL A</del>	<del>14101 WEST COLONIAL DR.</del>	<del>WINTER GARDEN FL 34787</del> Remove
VPD	BEVELACQUA, THEODORE A	14101 WEST COLONIAL DR.	WINTER GARDEN FL 34787
<del>VPD</del>	<del>VELOZ, BETZY B</del>	<del>14101 WEST COLONIAL DR.</del>	<del>WINTER GARDEN FL 34787</del> Remove
<b>REINSTATEMENT 02/1/02</b>			

8. Name and Address of Current Registered Agent

~~BURGUNDER, KARL A ESQ.~~  
~~1565 GEMINI CT.~~  
~~OWIEDO FL 32765~~

9. Name and Address of New Registered Agent

Name Elizabeth P. Garcia  
 Street Address (P.O. Box Number is Not Acceptable)  
38 N. Boyd St  
 Suite, Apt. #, Etc.  
 City Winter Garden State FL Zip Code 34787

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

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 12/30/02

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]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02 407-656-5900  
 Date Daytime Phone #

CR2E040 (8/02)