

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 20 PM 2:49
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TALLAHASSEE, FLORIDA

DOCUMENT # P01000019270

1. Corporation Name

FELIX N. CANABAL, P.A.

2. Principal Office Address

6150 SW 76 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

7635 SW 82 AV

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33143

Country

USA

REINSTATEMENT 04-05

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

02/21/2001

5. FEI Number

651083252

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

Felix N. Canabal

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

6150 SW 76 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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 10/19/2005

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/T/S	Felix N. Canabal	6150 SW 76 St	Miami, FL, 33143

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]

FELIX N. CANABAL 10/19/2005 305-710-3340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

October 19, 2005

Florida Department of State
Division of Corporations

To Whom It May Concern:

Attached please find my Corporation Reinstatement Application and a check for \$300.00 (for 2004 and 2005).

The reason I did not pay my annual fees is that I never received the notification to pay it. I hope that you can waive the \$600.00 penalty.

Sincerely,

A handwritten signature in black ink, appearing to read 'Felix N. Canabal', written in a cursive style.

Felix N. Canabal