

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 10 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700073752677

05/02/06--01062--016 **1350.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000021116**

1. Corporation Name

Guillermo Coquelet, PA

2. Principal Office Address

330 Scenic Point Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Orange Park, FL

City & State

Zip

Country

32003

CLAY

4. Date Incorporated or Qualified To Do Business in Florida

02-23-2001

5. FEI Number

59-3709700

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

Guillermo Coquelet

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

330 SCENIC POINT LN. ~~Orange~~

Suite, Apt. #, Etc.

City

ORANGE PARK

State
FL

Zip Code

32003

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]

REGISTERED AGENT MUST SIGN

Date **4-6-06**

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
President	Guillermo Coquelet	330 Scenic Point Ln.	Orange Park, FL 32003
Vice President	Alicia Joe Rigdon	8473 Branchwater Dr.	Jacksonville, FL 32244

TS 4/10/04

STATEMENT

02-06

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06

Date

904-887-9150

Daytime Phone #