


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 13 AM 9:23

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000025404

1. Corporation Name
LEONARDO RODRIGUEZ, PA

2. Principal Office Address <u>5268 LAS PALMAS VISTA DR</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORLANDO, FL</u>		City & State	
Zip <u>32837</u>	Country <u>ORANGE</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/07/2001

5. FEI Number <u>59-3704196</u>	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name LEONARDO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
5268 LAS PALMAS VISTA DR

Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32837

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 X [Signature] Date 03/15/05

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
<u>P</u>	<u>LEONARDO RODRIGUEZ</u>	<u>5268 LAS PALMAS VISTA DR</u>	<u>ORLANDO FL 32837</u>
			<u>500053921345</u>
			<u>05/05/05--01052--022 **450.00</u>

STATEMENT 03-05

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] Date 2/15/05 Daytime Phone # 407-240-5633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

LEONARDO RODRIGUEZ, PA
P01000025424

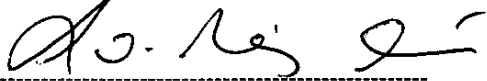
MARCH 15, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE I NEVER
RECEIVED THE ANNUAL REPORT
I AM ENCLOSING A CHECK FOR \$450.00

THANK YOU FOR YOU ATTENTION,



LEONARDO RODRIGUEZ- PRESIDENT