

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 AUG 13 AM 11:02


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8-13-08

800134433638  
08/13/08--01026--007 \*\*450.00

REINSTATEMENT 06-08

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000025424

1. Corporation Name  
**LEONARDO RODRIGUEZ, PA**

2. Principal Office Address - No P.O. Box # 5268 LAS PALMAS VISTA DR Suite, Apt. #, etc.		3. Mailing Office Address 5268 LAS PALMAS VISTA DR Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32837	Country	Zip 32837	Country

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

5. FEI Number 59-3704196  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  
**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**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *L. Rodriguez* Date 08/04/2008

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	LEONARDO RODRIGUEZ	5268 LAS PALMAS VISTA DR	ORLANDO, FL 32837

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 contained in Chapter 119, 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: *L. Rodriguez* **LEONARDO RODRIGUEZ** Date 08/04/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #