PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Filed

FILED
Oct 30, 2002 8:00 A.M.
Secretary of State

REINSTATEMENT 02

DOCUMENT # P01000032264

1. Corporation Name
Beitra and Velazquez, P.A.

2. Principal Office Address	3. Mailing Office Address
900 W 49 Street	same
Suite, Apt. #, etc. #430	Suite, Apt. #, etc. same
City & State Hialeah, Florida	City & State same
Zip 33012 Country	Zip same Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jerry Velazquez

800008806198
11/05/02--01055--009 **70.00

Street Address (P.O. Box Number is Not Acceptable): 900 W. 49 Street

Suite, Apt. #, Etc.: # 430

City: Hialeah | State: FL | Zip Code: 33012

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: Jerry Velazquez REGISTERED AGENT MUST SIGN Date 10/25/2002

CR2E051 (9/01)

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	Raymond Beitra	900 W. 49 St #430	Hialeah, FL 33012
VP	Jerry Velazquez	same	
S	Raymond Beitra	same	
T	Jerry Velazquez	same	
D	Jerry Velazquez	same	
D	Raymond Beitra	same	

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: Jerry Velazquez 10/25/2002 305 231-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 10/30/02