APR-14-2003 14:47

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 APR 17 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D01000032264

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04/29/03--01068--013 **900.00

REINSTATEMENT 0203

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 03-29-2001

5. FEI Number: 65-1091019 ☐ 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: Jerry Velazquez
Street Address (P.O. Box Number is Not Acceptable): 900 West 49 Street
Suite, Apt. #, Etc.: Suite 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: 04-14-2003

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 R. Beitra	900 W. 49 St. #430 Hialeah, Florida 33012	
V.P.	Jerry Velazquez	Same	
S	Jerry Velazquez	same	
T	Raymond R. 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 04-14-2003 — Daytime Phone #: 305-231-7777

Charter Number Only

4/16

Beitra & Velasquez
Requestor's Name
900 W. 49 st. #430
Address
Hialeah, FL. 33012
City State ZIP Phone

231-7777 C

VALIDATION ONLY

CORPORATION(S) NAME

Beitra and Velazquez, P.A.

FILED
03 APR 17 AM 11:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier