

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 31 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 36154

1. Corporation Name

Reenier R. Alemán P.A.

200065568702

02/10/06--01022--023 **600.00

2. Principal Office Address

~~1351~~ 2704 Rew Circle

3. Mailing Office Address

2704 Rew Circle

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Ocoee FL

City & State

Ocoee FL

Zip

34761

Country

USA

Zip

34761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/01

5. FEI Number

4 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

Reenier R. Alemán

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

2704 Rew Circle

Suite, Apt. #, Etc.

Suite 102

City

Ocoee

State

FL

Zip Code

34761

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

Reenier R. Alemán

Date

01/24/06

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
S	Reenier R. Alemán	2704 Rew Circle Suite 102 Ocoee FL 34761	

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:

Reenier R. Alemán

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/06

Date

3246896256

Daytime Phone #