

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -2 PH 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 01000036289

1. Corporation Name

LINA NOGUES RE., P.A.

15472 SW 112 TERR

2. Principal Office Address

15472 SW 112 TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33196

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *2-04*

**4. Date Incorporated or Qualified
To Do Business in Florida 4/10/2001**

**5. FEI Number
65-1099278**

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

LINA NOGUES

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

15472 SW 112 TERR

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33196

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06/02/04--01053--019 **1051.75

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

See before

Date 5/25/04

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	LINA NOGUES	15472 SW 112 TERR	MIAMI, FL 33196

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:

Lina Nogues

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/04

Date

305-386-2796

Daytime Phone #

CR25061 (01/04)