

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

600023783336
10/14/03--01020--024 **\$8.75

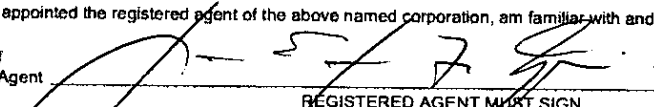
600023783336
10/14/03--01020--023 **\$150.00

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000040632	
1. Corporation Name Jose Enrique Iguina, PA	
2. Principal Office Address 2939 Park Sq. Place	3. Mailing Office Address P.O. Box 15867
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Amelia Island, FL	City & State Fernandina Bch., FL
Zip 32034	Country
Zip 32035	Country

4. Date Incorporated or Qualified To Do Business in Florida 04/12/2001	
5. FEI Number 59-3712637	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Jose E. Iguina			
Street Address (P.O. Box Number is Not Acceptable) 2939 PARK SQUARE PLACE			
Suite, Apt. #, Etc.			
City Amelia Island,	State FL	Zip Code 32034	

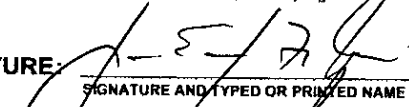
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: **October 8, 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
1)	Iguina, Jose E.	2939 PARK SQUARE PLACE	Amelia Island, FL 32034

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:  **Jose E. Iguina** Oct 8, 2003 (904) 753-3333

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

CR2E081 (10/02)

2/10/15

Date: October 8, 2003

To: Division of Corporations, Florida Department of State

From: Jose Enrique Iguina

Ref: FILING OF UNIFORM BUSINESS REPORT

To Whom It May Concern:

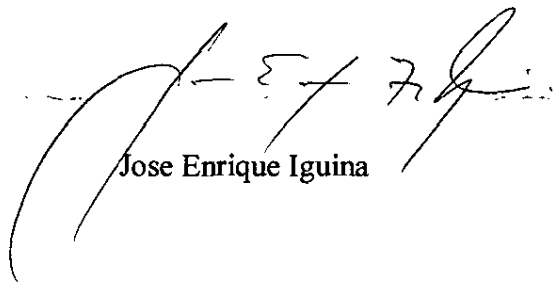
I write to you in reference to my entity Jose Enrique Iguina, PA, Document # P01000040632. Amidst a series of personal problems following my mother's death and subsequently going through an extended period of depression, I took the time to comply with the deadline of May 1st, 2003 to file my Uniform Business Report. It was not until today, October 8th, 2003, that I learned through my accountant researching in sunbiz.org, that my corporation was inactive.

I immediately called your offices at (850) 245-6056 to get some assistance and to clarify this. Your representative was very helpful and advised me to download the Corporation Reinstatement Form and to accompany it with a letter of explanation along with a new check for \$150.00. I have followed such advice.

I respectfully request that the late fees be waived and I have enclosed an additional check for \$8.75 so I can receive a Certificate of Status.

Thank you for your understanding and for assisting me with this matter.

Kindest regards,



Jose Enrique Iguina