

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 19 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000049000**

1. Corporation Name

**Robert Alvarez Rudolph, P.A.**

2. Principal Office Address

**2400 S. Dixie Highway**  
Suite, Apt. #, etc. **105**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip

**33133**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**5/16/01**

5. FEI Number

**65-1105556**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required for a Certificate of Status

**02/11/03 01031006 \$ 3500**

7. Name and Address of Current Registered Agent

Name

**Rob Rudolph**

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

**same 2400 S. Dixie Highway**

Suite, Apt. #, Etc.

**105**

City

**Miami**

State  
**FL**

Zip Code

**33133**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0103, F.S.

Signature of Registered Agent

*Robert Rudolph*

REGISTERED AGENT MUST SIGN

Date

**2/6/3**

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
Pres	Rob Rudolph	2400 S Dixie, 105 same as above	Miami FL 33133
V.P.	same	2400 "S Dixie, 105	Miami FL 33133 "
Sec	Jack Rudolph	2400 S Dixie, 105	Miami FL 33133 "
Treas	same	2400 S Dixie, 105	Miami FL 33133 "

**02-03 UBR**

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:

*Robert Rudolph* Robert Rudolph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/3 (305) 858-1444**

Date

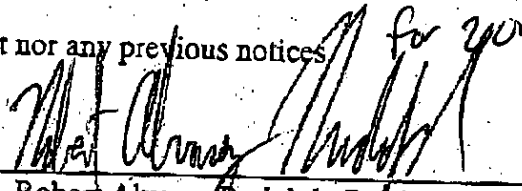
Daytime Phone #

CR2E961 (10/02)

REINCORPORATION STATEMENT FOR ROBERT ALVAREZ RUDOLPH, P.A.

I never received the uniform business report nor any previous notices

for 2002



Robert Alvarez Rudolph, President