

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088729

1. Corporation Name

Leo Becerra JR. P.A.

2. Principal Office Address

4000 SW 60<sup>th</sup> Crt.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

600011136326  
07/24/03--01064--019 \*\*150.00

1-28-03 01068 003-150

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/01

5. FEI Number

02-0509864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Leopoldo Becerra, JR.

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

4000 SW 60<sup>th</sup> Crt.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

02/20/03

**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
Dir.	Leopoldo Becerra, JR.	4000 SW 60 <sup>th</sup> Crt.	Miami, FL 33155
			600011136326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


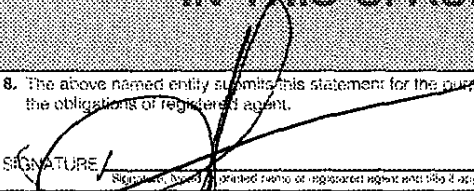
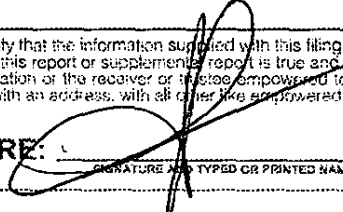
Date

02/20/03 305-443-4149

Daytime Phone #

CR2001 (10/02)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P01000088729</b>					
1. Entity Name <b>Leo Bacella Jr., P.A.</b>					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business <b>4000 SW 60<sup>th</sup> Crt.</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>Same</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>Miami, FL</b>			City & State <b>Same</b>		
Zip <b>33155</b>		Country <b>USA</b>		4. FEI Number <b>02-0569864</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. <b>\$8.75 Additional Fee Required</b>					
7. Name and Address of Current Registered Agent					
Name <b>Leopoldo Bacella, Jr.</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>4000 SW 60<sup>th</sup> Crt.</b>					
City <b>Miami</b>				State <b>FL</b> Zip Code <b>33155</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: <b>03/25/03</b>					
<small>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>Leopoldo Bacella, Jr. / Director</b> <b>4000 SW 60<sup>th</sup> Crt.</b> <b>Miami, FL 33155</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered					
SIGNATURE:  DATE: <b>03/25/03</b>					

CFR20345 (12/02)

**TRAVERIA GONZALEZ, P.A.**  
*Certified Public Accountant*

Kendar Building  
1550 Madruga Avenue, Suite 100  
Coral Gables, Florida 33146

Telephone 305.668.2214  
Facsimile 305.668.2215  
Email cary@tg-cpa.com

March 25, 2003

Department of State  
Division of Corporations.  
P.O. Box 6327  
Tallahassee, FL 32399

RE: Leo Becerra JR., P.A.  
EIN: 02-0569864  
Doc#: P01000088729

Dear Sir or Madam:

This letter is in response to your letter dated February 6, 2003 regarding the reinstatement of the above mentioned taxpayer (copy enclosed). Please note that the taxpayer did not receive the original 2002 Uniform Business Report and this was the initial filing year. Therefore, as per your request enclosed please find the Uniform Business Report Corporation Reinstatement Form for the above named entity.

In addition, as per your instructions enclosed is check number 1019 in the amount of \$150.00, along with the 2003 For Profit Corporation Uniform Business Report (UBR). Accordingly, the taxpayer respectfully requests that the entity be reinstated and any late fees be abated.

We appreciate your prompt attention to this matter. Please call us if you have any questions or need additional information.

Very truly yours,

TRAVERIA GONZALEZ, P.A.



By  
Caridad T. Gonzalez, CPA

ACM

Enclosures



**FLORIDA DEPARTMENT OF STATE**

**Ken Detzner**  
Secretary of State

February 6, 2003

**LEO BECERRA JR., P.A.**  
4000 SW 60TH CRT.  
MIAMI, FL 33155-7154

**SUBJECT: LEO BECERRA JR., P.A.**  
Ref. Number: P01000088729

We have received your document for LEO BECERRA JR., P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

In order for our office to consider the request for waiver of the late fees, or penalties, the corporation must state the year the uniform business reports/corporate annual reports were not received.

Please list the title(s) of each officer in your document.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please note that an additional \$150 must be submitted to cover the fees for the year 2003 if your reinstatement is not returned prior to January 1, 2003.

There is a balance due of \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

**Eula Peterson**  
Document Specialist

Letter Number: 703A00007476