

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 27 AM 9:15
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089846

1. Corporation Name

BARBARA GEORGINA GUERRERO, P.A.

2. Principal Office Address

8825 FRONTAGE RD.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33173

Country

US

3. Mailing Office Address

8825 FRONTAGE RD.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33173

Country

US

REINSTATEMENT 02-06

CR2E081 (12/05)

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

09/13/2001

5. FEI Number

65-1126694

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

GUERRERO, BARBARA G

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

8825 FRONTAGE RD.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

3-21-06

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/D	GUERRERO, BARBARA G	8825 FRONTAGE RD.	MIAMI/FL/33173

800069542698

04/05/06--01037--025 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-21-06

Daytime Phone #



OCARIZ, GITLIN
& ZOMERFELD, LLP

CERTIFIED PUBLIC ACCOUNTANTS

March 10, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Barbara Georgina Guerrero, P.A.
Document No. P01000089846

Please be advised that the above corporation did not receive the annual report notice in the year it was dissolved which was 2002, and subsequently did not receive any of them for the years then after.

Enclosed please find the corporation reinstatement form along with a check in the amount of \$ 750.00 covering the annual report fees from 2002 thru 2006.

If you have any questions, please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Hiram Ocariz, C.P.A.
For the Firm

Encl.

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Members of:

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

National Association of
Certified Valuation Analysts