PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN -3 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02 BR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000095390

1. Corporation Name
CARLOS ARIAS, P.A.

2. Principal Office Address	3. Mailing Office Address
335 NW 164 AVE	335 NW 164 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL	City & State: PEMBROKE PINES FL
Zip: 33028 Country: US	Zip: 33028 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10/1/01

5. FEI Number: 65-1144997 ☐ 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: WILLIAM H. BATALLAS

Street Address (P.O. Box Number is Not Acceptable): 3531 GRIFFIN ROAD

100009812571
01/03/03--01054--002 **150.00

Suite, Apt. #, Etc.

City: FT LAUDERDALE State: FL Zip Code: 33312

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: [signature] Date: 12/8/02
REGISTERED AGENT MUST SIGN

CR2E091 (8/01)

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
PSD	CARLOS ARIAS	335 NW 164 AVE	PEMBROKE PINES, FL 33028

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] CARLOS ARIAS 954-445-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/7

Carlos Arias, P.A.
335 NW 164 Ave.
Pembroke Pines, Florida 33028
954-445-4944

December 28, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

By means of this letter, I respectfully request that you rescind the late filing fine for the 2002 Annual Report, as I never received the renewal forms. I moved my office in late August, and not all of my mail was forwarded.

I am enclosing your Form CR2E081 "Corporation Reinstatement" completed for my account. I am also enclosing my check #1017 in the amount of $150.00.

Please advise should you require further information. My phone number is 954-445-4944.

Sincerely yours,

Carlos Arias

Carlos Arias, P.A.