

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111310

1. Corporation Name

ROSA GARCIA ACEVEDO, P.A.

Principal Place of Business

Mailing Address

419 W. 49TH STREET SUITE 217  
HIALEAH FL 33012

419 W. 49TH STREET SUITE 217  
HIALEAH FL 33012



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

419 W. 49 ST. #219  
Suite, Apt. #, etc.

419 W. 49 ST  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2001

5. FEI Number

65-1155283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ACEVEDO, ROSA GARCIA	419 WEST 49TH STREET, SUITE 219	HIALEAH FL 33012

800023956248  
10/20/03--01057--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACEVEDO, ROSA GARCIA  
419 WEST 49TH STREET  
SUITE 219  
HIALEAH FL 33012

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 305-698-5227  
Date Daytime Phone #

CR2E040 (7/03)

ROSA GARCIA ACEVEDO, P.A.  
419 WEST 49th STREET, SUITE 219  
HIALEAH, FLORIDA 33012  
(305) 698-5227

Annual Reports Filings  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: 2003 Annual Report  
Rosa Garcia Acevedo, P.A.  
DOC#: P01000111310

To Whom It May Concern:

It was just brought to my attention that the attached Annual Report for the year 2003 was not filed for the above mentioned corporation.

I never received the original report from your office.

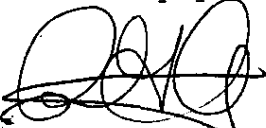
Please notice that I am in Suite 219 NOT Suite 217.

Enclosed please find check for \$ 150.00 and I will greatly appreciate if the late filing fee is abated.

Please update my records and do not dissolve my corporation.

Thank you in advance for your prompt attention to this matter and let me know if you need additional information.

Sincerely yours,



Rosa Garcia Acevedo, President  
Rosa Garcia Acevedo, P.A.

October 14, 2003