

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051942

1. Corporation Name

JOSE M. DIAZ, DDS, PA.

700024761777
11/17/03--01093--017 **150.00

2. Principal Office Address

9331 SW 100 AVE RD

Suite, Apt. #, etc.

3. Mailing Office Address

9331 SW 100 AVE RD

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33176

Country

Zip

33176

Country

4. Date Incorporated or Qualified To Do Business in Florida 05/10/02

5. FEI Number

02-0613335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name JOSE M. DIAZ

Street Address (P.O. Box Number is Not Acceptable) 9331 SW 100 AVE RD

Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33176

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

Jose M. Diaz

REGISTERED AGENT MUST SIGN

Date 11/03/03

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
PD	JOSE M. DIAZ	9331 SW 100 AVE RD	MIAMI, FL 33176

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:

Jose M. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/03

Date

Daytime Phone #

CR2E081 (10/02)

TR

Carlos B. Pargas And Associates, P. A., CPAs

Registered Investment Advisor

Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners
Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants

November 3, 2003

Division of Corporations
Annual Reports/Reinstatements

~~P. O. Box 6327~~
Tallahassee, Florida 32314-6327

Re: Jose M. Diaz, DDS, PA. – FEI # 02-0613335

Gentlemen,

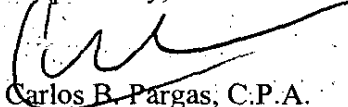
Please find enclosed application for reinstatement for above corporation along with \$150 check payable to Department of State.

The above corporation was incorporated last year. The Uniform Business Report in question is the first return to be filed for this corporation.

The registered agent never received an original application to file at the beginning of the year at the mailing address on file.

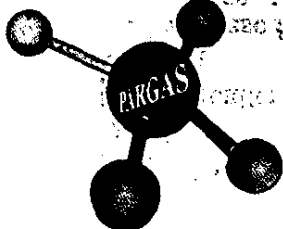
Please consider the above as reasonable cause and process this reinstatement application as submitted to you.

Respectfully,



Carlos B. Pargas, C.P.A.

Enclosures



7700 N. Kendall Drive • Suite 515 • Miami, Florida 33156
Phone: (305) 273-0990 • Fax: (305) 273-5055 • Email: pargascpas@pargascpas.com
Carlos B. Pargas, Principal, Member of American Institute of Certified Public Accountants,
Florida Institute of Certified Public Accountants, American Institute of Certified Public Accountants
Tax Division and Personal Financial Planning Division

Visit us on the web: www.pargascpas.com