PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 28 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066190

1. Corporation Name
CLAUDIO RIVERA, P.A.

REINSTATEMENT 03-05

2. Principal Office Address	**3.** Mailing Office Address
2801 Ponce De Leon	SAME
Suite, Apt. #, etc.: SUITE # 1170	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State
Zip: 33134 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/14/02

5. FEI Number: 46-0493091 ☐ 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: CLAUDIO RIVERA, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2801 Ponce De Leon

000047932380
03/08/05--01031--004 **450.00

Suite, Apt. #, Etc.: #1170

City: CORAL GABLES State: FL Zip Code: 33134

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: 02/04/05

CR2E081 (01/05)

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	CLAUDIO RIVERA	2801 Ponce De Leon, #1170	CORAL GABLES, FL 33134

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 — 02/04/05 Date — 305-445-4725 Daytime Phone #

Michael K. Fish, P.A.
CERTIFIED PUBLIC ACCOUNTANT

February 4, 2005

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

Re: Claudio Rivera, P.A.
Doc. #: P02000066190

Dear Sir:

Attached please find the Corporation Reinstatement for the above referenced entity. Please be advised that due to an accident in April 2003 (copy of report attached), the Taxpayer was unable to timely file the Uniform Business Report for 2003. Also, the Taxpayer was unaware of the annual requirement to file. Enclosed please find a check for $450 to include the $150 fee for 2003-2005. We respectfully request acceptance of this payment and reinstatement of this entity.

Please advise the Taxpayer and my office of the status or if you require additional information, please feel free to contact my office.

Sincerely,

Michael K. Fish
Certified Public Accountant

Enclosures

Cc: Claudio Rivera, P.A.

MF/kg

7700 N. KENDALL DRIVE, SUITE 501
MIAMI, FL 33156
TELEPHONE: (305) 279-8484 • FAX: (305) 279-4409