

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000093588

I. Corporation Name

Alfredo Garcia-Menocal, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -8 PM 4:50

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 8/28/2002
3a. Date of Last Report

2. Principal Place of Business 21 730 NW 107th Avenue		2a. Mailing Address 26 730 NW 107th Avenue		4. FEI Number 06-1658120		Applied For Not Applicable	
Suite, Apt. #, etc. 22 Suite 121		Suite, Apt. #, etc. 27 Suite 121		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Miami FL		City & State 28 Miami FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 33172	County 25	Zip 29 33172	County 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFREDO GARCIA-MENOCAL 555 NE 15TH STREET SUITE 100 MIAMI, FL 33132				81 Name Corporate Creations Network Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E			
				83			
				84 City Palm Beach Gardens		85 Zip Code FL 33410	

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Taide Baez Vice President

10/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alfredo Garcia-Menocal 730 NW 107th Avenue Miami, FL 33172 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100023937091 10/20/03--01009--033 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alfredo Garcia-Menocal 730 NW 107th Avenue Miami, FL 33172 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alfredo Garcia-Menocal 730 NW 107th Avenue Miami, FL 33172 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alfredo Garcia-Menocal 730 NW 107th Avenue Miami, FL 33172 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or in attachment with an address.

SIGNATURE

by T. Baez as attorney-in-fact

10/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

Re: Alfredo Garcia-Menocal, P.A.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 

by T. Baez as attorney-in-fact

Name: Alfredo Garcia-Menocal

Title: President

Date: 10/7/03