

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

05 APR 18 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000112854**

1. Corporation Name

HOPE C ARANGUREN, PA.
679 NE 75 ST
MIAMI, FLA 33138

2. Principal Office Address

679 NE 75 ST

Suite, Apt. #, etc.

3. Mailing Office Address

679 NE 75 ST

Suite, Apt. #, etc.

City & State

MIAMI,

City & State

MIAMI

Zip

FLA

Country

MIA-DADE

Zip

33138

Country

MIA-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

SEP 21, 2002

5. FEI Number

11-3669547

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03-05

MRS

7. Name and Address of Current Registered Agent

Name

HOPE C ARANGUREN

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

679 NE 75 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

000054216310

05/10/05--01068--015 **1050.00

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 **1-25-05**

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
PRES	ESPERANZA C. ARANGUREN	679 NE 75 ST MIAMI, FLA	MIAMI FLA 33138

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

1-25-05 305 310 7755

Date

Daytime Phone #

CR2E081 (01/05)