

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118247

1. Corporation Name

P & L OFFICE MANAGEMENT SERVICES INC

2. Principal Office Address

4930 PALM AVE

3. Mailing Office Address

4930 PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIACLEAH. FL.

City & State

HIACLEAH. FL.

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-04-2002

5. FEI Number

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

JOSE M. GARCIA

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

4930 PALM AVE

400025158604

12/02/03--01039--007 \*\*150.00

Suite, Apt. #, Etc.

City

HIACLEAH

State

FL

Zip Code

33012

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

*[Signature]*

Date

11/26/03

REGISTERED AGENT MUST SIGN

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
PID	GARCIA JOSE M	4930-PALM-AVE	HIACLEAH. FL. 33012
IPID	CRUZ LUIS	4930 PALM AVE	HIACLEAH. FL. 33012

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

Date

Daytime Phone #

JOSE M. GARCIA, President

11/26/03

MIAMI, NOV 26, 2003

Florida Department of State  
Secretary Of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, Fl 32314-6327

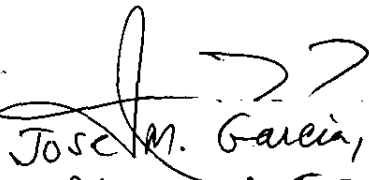
Document # P02000118247  
P&L office MANAGEMENT Services INC

Dear Sir:

As per our telephone conversation we are enclosing you a money order for the amount of \$ 150.00 dollars.

Please be advised as mentioned on the phone, we have renewed our corporation every year on the year but this particular year we did not received the annual report., so, therefore we are pleading you to absolve the penalty charges.

Please if you have any question do not hesitate to contact us.

  
Jose M. Garcia, President  
Phone 305-821-7383