

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 22 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000122401**

1. Corporation Name

Fonsil Center, Inc.

2. Principal Office Address  
840 SE 8 Street

3. Mailing Office Address  
1108 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hialeah, Florida

City & State  
Coral Gables, Florida

Zip  
33010

Country  
U.S.

Zip 33134

Country  
U.S.

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified  
To Do Business in Florida 11/15/2002

5. FEI Number  
20-3099356

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

Jorge L. Fors

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

1108 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

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

Date 7/12/2005

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
P/D	Maria Teresa de la Fuente Silva	C.Econom. G-14 Depto. 203	CP 53100, Nacaulpan, Mexico
S/D	Maria Teresa Silva de la Fuente	C. Econom. G-14 Depto. 203	CP 53100, Nacaulpan, Mexico

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:

*M. S. de la Fuente*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/2005

Date

(305) 448-5977

Daytime Phone #

CR2E081 (01/05)

252

**JORGE L. FORS, P.A.**  
ATTORNEYS AT LAW

JORGE L. FORS  
BRIAN M. BECHER  
MARIO O. CAMPOS

1108 PONCE DE LEON BLVD.  
CORAL GABLES, FLORIDA  
33134  
TELEPHONE (305) 448-5977  
TELECOPIER (305) 446-1898

July 19, 2005

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

Re: Fonsil Center, Inc.  
Doc. No. P0200012240

Gentlemen:

The above named corporation was administratively dissolved by your office on the 19th day of September 2003 for failure to file its annual uniform business report. We understand that your records indicate both notices were returned undelivered, therefore, the reinstatement penalty is waived.

In order to reinstate this corporation, we are enclosing herewith the following:

1. Application for Reinstatement fully completed with the names and addresses of the current officers, directors and the registered agent of the corporation.
2. Check in the sum of \$450.00 representing the applicable annual fees.

Please reinstate the above-named corporation and advise the undersigned accordingly.

Your prompt reply acknowledging the reinstatement of this corporation would be appreciated.

Very truly yours,

JORGE L. FORS, P.A.

By: 

Jorge L. Fors, Esq.

JLF:dns  
Encl. (as noted)  
cc: Fonsil Center, Inc.