

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130419

1. Corporation Name

JESUS ZURBARAN AND ASSOCIATES P.A.

2. Principal Office Address

9732 HAMMOCKS BLVD

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

Zip

33196

Country

3. Mailing Office Address

9732 HAMMOCKS BLVD

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

Zip

33196

Country

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

12/11/2002

5. FEI Number

02-0657732

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

JESUS ZURBARAN

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

9732 HAMMOCKS BLVD

Suite, Apt. #, Etc.

203

City

MIAMI

State
FL

Zip Code
33196

600033124896

04/20/04--01042--015 **300.00

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 04/15/2004

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	JESUS ZURBARAN	9732 HAMMOCKS BLVD APT 203	MIAMI, FL 33196

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

04/15/2004

Date

(786) 426-6907

Daytime Phone #

CR2E081 (01/04)

Miami, FL, April 15, 2004

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Attn: Ms. Katrina
409 East Gaines Street
Tallahassee, FL 32399

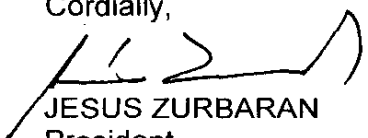
Ref: JESUS ZURBARAN AND ASSOCIATES P.A., Document No. P02000130419

Dear Sirs,

This is to inform you that JESUS ZURBARAN AND ASSOCIATES P.A. did not file its 2003 Annual Report because it changed its address to 9732 Hammocks Blvd. # 203, Miami, FL 33196 and, therefore, it did not receive the UBR Annual Report for 2003. Furthermore, since this company wants to remain active, we are sending Reinstatement Form for the company along with the payment of \$300 corresponding to the Annual Report fees for the years 2003 and 2004 for you to please reinstate this company.

Should you have further questions, please contact us at (786) 426-6907. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,


JESUS ZURBARAN
President