

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -7 AM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000019423

1. Corporation Name

GRAZIELLA M NIEVES, P.A.

2. Principal Office Address

9710 STIRLING ROAD

Suite, Apt. #, etc.

SUITE #101

City & State

COOPER CITY, FLORIDA

Zip

33024

Country

U.S.A.

3. Mailing Office Address

9710 STIRLING ROAD

Suite, Apt. #, etc.

SUITE #101

City & State

COOPER CITY, FLORIDA

Zip

33024

Country

U.S.A.

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2003

5. FEI Number

56-2316056

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

GRAZIELLA M NIEVES

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

9710 STIRLING ROAD

Suite, Apt. #, Etc.

SUITE #101

City

COOPER CITY

State

FL

Zip Code

33024

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

Graziella M Nieves

REGISTERED AGENT MUST SIGN

Date

8/1/06

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
D/P S/T	GRAZIELLA M NIEVES	9710 STIRLING ROAD, STE #101	COOPER CITY, FL 33024

100078733821
08/19/06--01051--010 **450.00

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 contained in Chapter 119, 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:

Graziella M Nieves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/1/06

Daytime Phone #

GRAZIELLA M. NIEVES, P.A.
9710 Stirling Road, Suite # 101
Cooper City, Florida - 33024

July 28, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: ADMINISTRATIVE DISSOLUTION - GRAZIELLA M. NIEVES, P.A.

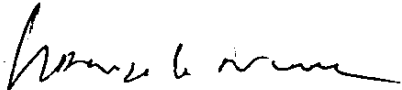
Dear Sir / Madam:

I noticed from the website that my P.A. Corporation "**GRAZIELLA M. NIEVES, P.A.**", **Document Number # P03000019423** has been Administratively Dissolved for non-filing of Annual Report on 10/01/2004. We have never received any notice of renewal or any communication from the Department of State.

I spoke with your representative Mr. Rob on July 27, 2006. As per the instructions from Mr. Rob I am enclosing a check for \$ 450.00 for each year 2004, 2005 & 2006. Since we did not get any notice of renewal, I hereby request you to please waive any penalty imposed on us.

Should you have any questions, please call me at (954) 270 7849.

Very truly,



Graziella M Nieves.