

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB 25 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000034869

**1. Corporation Name**

Aura Aragon, P.A.

**2. Principal Office Address**

1155 Brickell Bay Drive

Suite, Apt. #, etc.

#3106

City & State

Miami, Florida

Zip

33131

Country

USA

**3. Mailing Office Address**

1155 Brickell Bay Drive

Suite, Apt. #, etc.

#3106

City & State

Miami, Florida

Zip

33131

Country

USA

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

03/26/2003

**5. FEI Number**

65-1180563

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

Aura Aragon

Street Address (P.O. Box Number is Not Acceptable)  
1155 Brickell Bay Drive

Suite, Apt. #, Etc.  
3106

City

Miami

State  
FL

Zip Code  
33131

**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

1/18/05

**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
DPS	Aura Aragon	1155 Brickell Bay Drive, #3106	Miami, Florida 33131

**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 #

1/18/05

(786) 305-0685

CR2E081 (01/05)



**MENDEZ & MENDEZ**  
**PROFESSIONAL ASSOCIATION**

EDUARDO MENDEZ  
CERTIFIED PUBLIC ACCOUNTANT

January 13, 2005

Division of Corporations  
Annual Report - Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: Aura Aragon, P.A.**  
**Document Number: P03000034869**

Dear Sir or Madam:

Enclosed please find the Application for Reinstatement from Aura Aragon, P.A. (Doc # P03000034869) (hereinafter referred to as "the Company") and a check for \$300.00 for the annual report for 2004 and 2005.

The 2004 annual report was never received by the Company's officer and registered agent. The missed filing was not uncovered until the corporate tax returns were prepared late in 2004.

We, therefore, respectfully request that the department abate the penalties applied to the Company's account and reflect Aura Aragon, P.A. as "active".

Thank you for your assistance in this matter. Should you have any questions, please contact me at (305) 487-3377 or, via fax, at (305) 305-487-3388.

Sincerely,

Eduardo Mendez  
Certified Public Accountant