

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 10 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000041554

1. Corporation Name

Jorge I. Ardura, P.A.

2. Principal Office Address - No P.O. Box #

2246 SW First Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33135

Country

U.S.A.

3. Mailing Office Address

P.O. Box 226995

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33122

Country

U.S.A.

000137781050

11/10/08-01025-009 **308.75

REINSTATEMENT

07-08

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 04/14/2003

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

Jorge I. Ardura

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

2246 SW First Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11-05-2008

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 | Jorge I. Ardura | 2246 SW First Street | Miami, Florida 33135 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge I. Ardura 11-05-2008 (786) 522-3522