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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAY -4 AM 11: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P030000 44694

1. Corporation Name

ARMANDO GONZALEZ, P.A.

2. Principal Office Address

8441 ST MARINO BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32836

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04-22-2003

5. FEI Number

20-0003741

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 04-05

7. Name and Address of Current Registered Agent

Name

ARMANDO GONZALEZ

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

8441 ST MARINO BLVD

Suite, Apt. #, Etc.

City

ORLANDO FL 32836

State

FL

Zip Code

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

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.	ARMANDO I GONZALEZ	8441 ST MARINO BLVD	ORLANDO FL 32836

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

May 2, 2005  
Date

407-346-6229  
Daytime Phone #

CR2E081 (01/05)

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1. 3

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**ARMANDO GONZALEZ, P.A.  
8441 ST. MARINO BLVD  
ORLANDO, FL 32836  
TEL. (407) 346-6229**

May 1, 2005

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

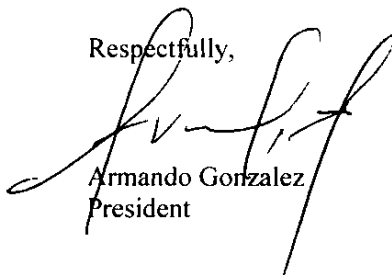
Dear Sirs:

**Armando Gonzalez, P.A.**  
**Document No.P03000044694**

We enclose here with the reinstatement form along with fees for the year 2003 & 2004 in the amount of Three Hundred Dollars (\$300.00). The 2003 & 2004 Annual Report Notice was never received as a result of a change in address and we were not aware that this report is due. Our Accountant recently observed and notified us that we have not submitted our Uniform Business Report for the years 2003 & 2004.

We realize that this report is late in coming and apologize for any inconvenience as a result of the delay. We respectfully request an abatement of any associated penalties as there is clearly no intension of withholding our filing fees.

Respectfully,

  
Armando Gonzalez  
President