

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 PM 3:13

DOCUMENT # **P03000070315**

1. Corporation Name

SERGIO GUTIERREZ, P.A.

2. Principal Office Address

1332 PLEASANTRIDGE PL

Suite, Apt. #, etc.

3. Mailing Office Address

1332 PLEASANTRIDGE PL

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32835

Country

Zip

32835

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-2115876

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

SERGIO GUTIERREZ

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

1332 PLEASANTRIDGE PL

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

[Signature]

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	SERGIO GUTIERREZ	1332 PLEASANTRIDGE PL	ORLANDO, FL 32835
V	MARY MARCELINO	1332 PLEASANTRIDGE PL	ORLANDO, FL 32835

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/04

Date

Daytime Phone #

CR2E081 (01/04)

292

64

SERGIO GUTIERREZ, PA
P03000070315

SEPTEMBER 07, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE I NEVER
RECEIVED THE ANNUAL REPORT
I AM ENCLOSING A CHECK FOR \$150.00

THANK YOU FOR YOUR ATTENTION,


SERGIO GUTIERREZ- PRESIDENT