

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 29 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000088868

1. Corporation Name  
LUIS F. DE SOUZA, P.A.,

2. Principal Office Address  
1330 WEST AVENUE

3. Mailing Office Address  
1330 WEST AVENUE

Suite, Apt. #, etc.  
#512

Suite, Apt. #, etc.  
#512

City & State  
MIAMI BEACH FLORIDA

City & State  
MIAMI BEACH FLORIDA

Zip Country  
33139 USA

Zip Country  
33139 USA

4. Date incorporated or Qualified  
To Do Business in Florida AUGUST 13TH, 2003

5. FEI Number Applied For  
20-0246325 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name  
LUIS F. DE SOUZA

Street Address (P.O. Box Number is Not Acceptable)  
1330 WEST AVENUE

Suite, Apt. #, Etc.  
SUITE #512

City  
MIAMI BEACH

State Zip Code  
FL 33139

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/25/04

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      | LUIS F. DE SOUZA                  | 1330 WEST AVENUE #512                          | MIAMI BEACH FL, 33139 |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |

*[Handwritten Signature]*  
700042216387  
10/29/04--01059--006 \*\*150.00

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 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:

*[Handwritten Signature]*  
LUIS F. DE SOUZA 10/25/04

Date 10/25/04 Daytime Phone # 305 321 0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

LUIS F. DE SOUZA, P.A.  
1330 WEST AVENUE  
#512  
MIAMI BEACH FL, 33139

October 25<sup>th</sup>, 2004

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

**Re: Luis F. De Souza P.A**  
**Notice of Dissolution**  
**Document #:P03000088868**


Dear Sir or Madam:

Enclosed, you will find a **Corporation Reinstatement Form** along with a check #1034 in the amount of \$150.00 payable to Department of State in order for you to renew my Corporation.

As you can notice, I didn't know that I was suppose to renew the corporation until I received the **Notice of Dissolution or Revocation**, therefore I will ask you to waive any additional fees, due to the fact that this is the first time that happen to me.

Thank you in advance for your assistance regarding this matter.

Very truly yours,

  
Luis F. De Souza  
President