

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 MAR 16 PM 12:14  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000094974

1. Corporation Name

Carla M. Barron, P.A.

**REINSTATEMENT** 05-07  
(new)

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

123 SW 17th Rd #108

3. Mailing Office Address

2000 Ponce de Leon Blvd, Suite 501 CR2E081 (1/07)

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#501

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/29/03

5. FEI Number

141944732

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

Carla M. Barron

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

123 SW 17th Rd #108

Suite, Apt. #, Etc.

#108

City

Miami

State

FL

Zip Code

33129

☐ 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

Carla M. Barron

Date 3/15/07

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	Carla M. Barron	123 SW 17th Rd #108	Miami, FL 33129

300095200663  
04/04/07--01030--009 \*\*1050.00

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 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:

Carla M. Barron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07

Date

305.529.6246

Daytime Phone #