

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -1 PM 2: 25

SECRETARY OF STATE
ALLIANCE, FLORIDA

700133865637
08/01/08--01040--001 **300.00

DOCUMENT # P03000134673

1. Corporation Name

LAW OFFICES OF JORGE L GONZALEZ, PA

REINSTATEMENT 07-08
CR2E081 (12/07)

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

321 PALM AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH

Zip

33010

Country

USA

3. Mailing Office Address

3601 SW 107 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-03

5. FEI Number
73-1686420

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 GONZALEZ

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

3601 SW 107 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

Jorge Gonzalez

REGISTERED AGENT MUST SIGN

Date 7-18-08

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
PRES	JORGE L GONZALEZ	3601 SW 107 AVENUE	MIAMI, FL. 33165
VP	EULALIA GONZALEZ	3601 SW 107 AVENUE	MIAMI, FL. 33165

REINSTAT 07-08

07/18/08

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:

Jorge Gonzalez

JORGE L. GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-08

Date

305-227-4700

Daytime Phone #