

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

08 MAY 14 AM 8:49

DOCUMENT # P03000150696

1. Corporation Name

PATRICIA GOMEZ, P.A.

300129490843
05/14/08--01048--008 **1050.00

CR2E081 (1/07)

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

1918 BRICKELL AVE

Suite, Apt. #, etc.

503

City & State

MIAMI FL

Zip

33129

Country

MIAM-DADE

3. Mailing Office Address

1918 BRICKELL AVE

Suite, Apt. #, etc.

503

City & State

MIAMI FL

Zip

33129

Country

MIAM-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2003

5. FEI Number

20-0482706

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

PATRICIA M. GOMEZ

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

1918 BRICKELL AVE

Suite, Apt. #, Etc.

503

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

PATRICIA M. GOMEZ

Date

12/26/07

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	PATRICIA M. GOMEZ	1918 BRICKELL AVE MIAMI FL 33129	MIAMI, FL 33129

13 5/24/08
REINSTATEMENT 05-08

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/07

Daytime Phone #