

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO4000030760**

1. Corporation Name

Joaquin Mendez Jr. P.A.

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

100 S.E. 2 St.

Suite, Apt. #, etc

2700

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

100 S.E. 2 St.

Suite, Apt. #, etc

2700

City & State

Miami FL

Zip

33131

Country

USA

7. Name and Address of Current Registered Agent

Name

Joaquin Mendez

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

100 S.E. 2 St.

Suite, Apt. #, Etc

2700

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date **6/28/10**

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
D,P	Joaquin Mendez	100 S.E. 2 St.	Miami FL 33131

10. E-mail Address: **jmendezlaw@gmail.com**

(To be used for future annual report notification)

11. 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, I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joaquin Mendez

Date

6/28/10 305 375 0880

Daytime Phone #

FILED

10 AUG -2 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500182963065

07/06/10--01068--001 **150.00

REINSTATEMENT

09-10

CR2R081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

80-0098057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500182963065

07/06/10--01068--002 **150.00

500182963065

08/02/10--01051--008 **500.00

8/3
aw