

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000032378

1. Corporation Name

SABINE P. OTAMENDI, PA

2. Principal Office Address

18671 COLLINS AVE

3. Mailing Office Address

18671 COLLINS AVE

Suite, Apt. #, etc.

1501

Suite, Apt. #, etc.

1501

City & State

SUNNY ISLES, FL

City & State

SUNNY ISLES, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/2004

5. FEI Number

20-0746627

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

SABINE P. OTAMENDI

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

18671 COLLINS AVE

Suite, Apt. #, Etc.

1501

City

SUNNY ISLES, FL

State

FL

Zip Code

33160

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

Sabine P. Otamendi

Date

4/23/07

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	SABINE P. OTAMENDI	18671 COLLINS AVE #1501	SUNNY ISLES, FL 33160
VP	SABINE P. OTAMENDI	18671 COLLINS AVE #1501	SUNNY ISLES, FL 33160
S	SABINE P. OTAMENDI	18671 COLLINS AVE #1501	SUNNY ISLES, FL 33160

REINSTATEMENT

05-07 B 4/11/07

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:

Sabine P. Otamendi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #