

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -6 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

DOCUMENT # P04000074834

1. Corporation Name

IRINA ALVAREZ PA

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

2030 South Ocean Drive

Suite, Apt. #, etc.

1415

City & State

Hallandale Beach, Fl

Zip

33009

Country

USA

3. Mailing Office Address

2030 South Ocean Drive

Suite, Apt. #, etc.

1415

City & State

Hallandale Beach, Fl

Zip

33009

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 5-7-2004

5. FEI Number

20-10-94-824

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

IRINA ALVAREZ

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

2030 South Ocean Drive

Suite, Apt. #, Etc.

1415

City

Hallandale Beach, Fl

State

FL

Zip Code

33009

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

Date 10-1-08

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	IRINA ALVAREZ	2030 South Ocean Drive, # 1415	Hallandale Beach, Fl., 33009
	RH		300136661093 10/08/08--01041--009 **300.00
	REINSTATEMENT		500136661155 10/08/08--01041--010 **8.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786-205-0670
10-1-08 786-205-0670 cell.

Date

Daytime Phone #