

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 MAR -4 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000089834

1. Corporation Name  
Michael N Hendrikse, P.A.

2. Principal Office Address - No P.O. Box #  
13200 SW 128 St

Suite, Apt. #, etc.  
Suite E-1

City & State  
Miami, FL

Zip Country  
33186 USA

3. Mailing Office Address  
13200 SW 128 St

Suite, Apt. #, etc.  
Suite E-1

City & State  
Miami, FL

Zip Country  
33186 USA

REINSTATEMENT 05-08<sup>KS</sup>

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number  
73-1708185

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Michael N. Hendrikse  
Street Address (P.O. Box Number is Not Acceptable)  
13200 SW 128 St  
Suite, Apt. #, Etc.  
Suite E-1  
City State Zip Code  
Miami FL 33186

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 Mik Hendrik Date 2/27/08  
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/D	Michael N. Hendrikse	13200 SW 128 St, E-1	Miami, FL 33186

400119386404  
03/04/08--01025--006 \*\*600.00

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: Mik Hendrik Date 2/27/08 Daytime Phone # 305-216-4061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR