

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000096446

1. Entity Name  
MARLENE GONZALEZ, P.A.



FILED

08 FEB 25 PM 1:17

Principal Place of Business

11229 NW 57TH LANE  
MIAMI, FL 33178

Mailing Address

11229 NW 57TH LANE  
MIAMI, FL 33178

15293 S.W. 28th Terr  
Miami, FL 33185

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #

11570 Sunset Drive  
Suite, Apt. #, etc.

3. Mailing Address

15293 S.W. 28th Terr.  
Suite, Apt. #, etc.



01282008 REIN-P CR2E098 (1/07)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

56-2467048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARLENE  
11229 NW 57TH LANE  
MIAMI, FL 33178

15293 S.W. 28th Terr.  
Miami, FL 33185

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/08

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GONZALEZ, MARLENE  
STREET ADDRESS 11229 NW 57TH LANE  
CITY-ST-ZIP MIAMI, FL 33178

☐ Delete

15293 S.W. 28th Terr.  
Miami, FL 33185

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

500118742575  
02/25/08--01034--023 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

REINSTATEMENT

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Delete

1-08

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

Date

305-275-7234

Daytime Phone #