

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN -8 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000015868

1. Corporation Name

JORGE GONZALEZ-BARRERA, P.A.

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

11930 N BAYSHORE DR

Suite, Apt. #, etc.

STE 1008

City & State

NORTH MIAMI

Zip

33181-2926

Country

USA

3. Mailing Office Address

11930 N BAYSHORE DR

Suite, Apt. #, etc.

STE 1008

City & State

NORTH MIAMI

Zip

33181

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/2005

5. FEI Number

20-2261351

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

JORGE GONZALEZ-BARRERA

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

11930 N BAYSHORE DR

Suite, Apt. #, Etc.

STE 1008

City

NORTH MIAMI

State

FL

Zip Code

33181-2926

☒ 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

REGISTERED AGENT MUST SIGN

Date 01/02/2008

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	JORGE GONZALEZ-BARRERA	11930 N BAYSHORE DR	NORTH MIAMI, FL 33181-2926

300114239869  
01/08/08--01005--004 \*\*450.00

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:

JORGE GONZALEZ-BARRERA

01/02/2008

786-356-7519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #