

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 10 PM 1:22

DOCUMENT # POS000016209

1. Corporation Name

Allison Ortiz P.A.

300110955743
10/18/07--01042--019 **300.00

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

2200 SW 4th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 451722

Suite, Apt. #, etc.

City & State

Miami, FL 33129

Zip

33129

Country

USA

City & State

Miami, FL 33245

Zip

33245

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-31-05

5. FEI Number

01-082-9858

☐ 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

Allison Ortiz

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

2200 SW 4 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

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

[Signature]

Date

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	Allison Ortiz	2200 SW 4 Ave	Miami FL 33129

REINSTATEMENT

06-07
10/10/07

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

[Signature] Allison Ortiz

Date

Daytime Phone #

(305) 244-5690