

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 4:34

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000035880

1. Corporation Name

Beatriz Lizaso, P.A.

~~WID 5986~~

REINSTATEMENT 08-10

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

11641 SW 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33325

Country

US

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-1-2005

5. FEI Number

743146204

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

Beatriz Lizaso

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

11641 SW 3rd Street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33325

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

Beatriz Lizaso

REGISTERED AGENT MUST SIGN

Date 2-1-10

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
Pres.	Beatriz Lizaso	11641 SW 3rd Street	Plantation, FL 33325

800167986568
02/23/10--01020--004 **300.00

M. MILLIGAN
EXAMINER

FEB 23 2010

10. E-mail Address: beatrizlizaso@gmail.com

(to be used for future annual report notification)

11. 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. I further certify, 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:

Beatriz Lizaso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-10

Date

954-
805-5117
Daytime Phone #