

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 MAR -4 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100144979361
03/04/09--01036--013 **458.75

DOCUMENT # P05000060690

1. Corporation Name

HECTOR MALPARTIDA, P.A.

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

1015 SW 44TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

5911 SW 94TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33134

Country

MIAMI-DADE

Zip

33173

Country

MIAMI-DADE

REINSTATEMENT ^{CR2E081 (12/08)} 07-09

4. Date Incorporated or Qualified To Do Business in Florida

APRIL 25TH, 2005

5. FEI Number
20-2744698

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
MALPARTIDA, HECTOR

Street Address (P.O. Box Number is Not Acceptable)
5911 SW 94TH CT

Suite, Apt. #, Etc.

City
MIAMI, FLORIDA

Zip
33173

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 FEB 19, 2009

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 |
|--------|-----------------------------------|--|----------------------|
| PD | MALPARTIDA, HECTOR | 5911 SW 94TH CT | MIAMI, FLORIDA 33173 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 19, 2009

B. Mitchell MAR 4 2009