

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.

City & State

MIAMI, FLORIDA

Zip

33134

Country

MIAMI-DADE

3. Mailing Office Address

5911 SW 94TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33173

Country

MIAMI-DADE

REINSTATEMENT

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

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