PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 13 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900161649329
10/13/09--01035--011 **300.00

CR2E061 (12/08)

DOCUMENT # P05000068494

1. Corporation Name
ANGEL GONZALEZ, JR. P.A.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6228 EAST BAY BLVD	6228 EAST BAY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULF BREEZE, FL	City & State: GULF BREEZE, FL
Zip: 32563 Country: USA	Zip: 32563 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 5/6/05

5. FEI Number: 20-2855388 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: WIEBEL, DOUGLAS E.
Street Address (P.O. Box Number is Not Acceptable): 9420 BONITA BEACH RD
Suite, Apt. #, Etc.: 200
City: BONITA SPRINGS State: FL Zip Code: 34135

☐ 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: [signature] Date: 10/6/09
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
PS	ANGEL GONZALEZ JR	6228 EAST BAY BLVD	GULF BREEZE, FL 32563
VP	GAIL C. GONZALEZ	6228 EAST BAY BLVD	GULF BREEZE, FL 32563
		REINSTATEMENT	
			9809

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] 10/6/09 850 3759175
SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR — Date — Daytime Phone #