


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 25 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000076204

1. Corporation Name  
ELSA GAGNON ADAMS, P.A.

2. Principal Office Address  
900 W. 49 ST

3. Mailing Office Address  
514

Suite, Apt. #, etc.  
514

City & State  
HIALEAH FL

City & State  
HIALEAH FL

Zip  
33012

Country  
USA

REINSTATEMENT 06

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
20-2929402

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
ELSA G. ADAMS

Street Address (P.O. Box Number is Not Acceptable)  
900 WEST 49 ST

Suite, Apt. #, Etc.  
514

City  
HIALEAH

State  
FL

Zip Code  
33012

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 10/24/06

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
<u>D</u>	<u>ELSA G. ADAMS</u>	<u>900 W. 49 ST. # 514</u>	<u>HIALEAH FL. 33012</u>

400081390874  
10/31/06--01055--015 \*\*150.00

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 under section 119.07(3)(i), 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] Date 10/24/06 305.844-9802  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25  
ew

CR2E031 (01/05)

**ELSA GAGNON-ADAMS, P.A**  
900 West 49<sup>th</sup> Street, Suite# 514, Hialeah, Florida 33012

Pg 2/2

E-mail: [elsa-gagnon@hotmail.com](mailto:elsa-gagnon@hotmail.com)  
Cell: 786-554-7366  
Tel: 305-824-9800  
Fax: 305-824-3868

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October 19, 2006

Florida Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, Florida 32314

**RE:** Administrative Dissolution Elsa Gagnon Adams, PA  
Document Number: P05000076204

To whom it may concern:

I hereby request that you kindly waive the reinstatement fee for the above referenced entity.  
Enclosed please find the annual fee.

Please note that the annual report card was never received at the registered address of the Corporation.

Thank you,



Elsa Gagnon-Adams, Esq.