

AUG. 23. 2007 11:36AM

C S C

NO. 206

P. 2

AUG-20-2007 09:51A FROM: JOSEFINA DELGADO

3056696854

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

07 AUG 23 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000096369

1. Corporation Name

Josefina Delgado PA

2. Principal Office Address

10001 SW 58 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

10001 SW 58 Ave.

Suite, Apt. #, etc.

City &amp; State

Pinecrest, FL

Zip

33156

Country

City &amp; State

Pinecrest, FL

Zip

33156

Country

4. Date incorporated or Qualified  
To Do Business in Florida

07/07/05

5. FEI Number

06-1776037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

## 7. Name and Address of Current Registered Agent

Name

Josefina Delgado

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

10001 SW 58 Ave.

Suite, Apt. #, Etc.

City

Pinecrest

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of  
Registered Agent

Date

8/20/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida excepted 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
PSD	Josefina Delgado	10001 SW 58 Ave.	Pinecrest, FL 33156

REINSTATEMENT

06-07 B 8/24/07

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

8/20/07 305-219 3153

Date

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NO. 206

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AUG-23-2007 10:39A FROM: JOSEFINA DELGADO 3056696854

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August 22, 2007

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

REF: Document Number P05000096369

Gentlemen:

The following is to kindly appeal to you with regards, the to reinstatement fees for my PA. This is mailed to my home which has suffered as have all the neighbors of mail theft and for quite a while, I receive mail that does not belong to me and many times do not receive my mail. For this reason I had made most of my payments automatic draft. I have just started to use my PA this year and for 2005 will not have any activity. Being a single mother of two I truly hope you can help me with this.

Best regards,



Josefina Delgado

JD/mm

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Florida Department of State  
Division of Corporations  
Public Access System

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## Electronic Filing Cover Sheet

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(((H07000212176 3)))



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## To:

Division of Corporations  
Fax Number : (850) 205-0384

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

## CORPORATION REINSTATEMENT

JOSEFINA DELGADO, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<del>\$900.00</del>

*\$300.00**Susie 2956 6727*

Electronic Filing Menu

Corporate Filing Menu

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*Please note: Letter requesting penalty fees  
be waived.*