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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 19 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000103177
1. Corporation Name
ARSENIO COLUMBIE, MD. PA.

2. Principal Office Address - No P.O. Box # 1330 SW 152 PLACE		3. Mailing Office Address 1330 SW 152 PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33194	Country USA	Zip 33194	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-3190092

Applied For
Not Applicable

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

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name
ARSENIO COLUMBIE

Street Address (P.O. Box Number is Not Acceptable)
1330 SW 152 PLACE

Suite, Apt. #, Etc.

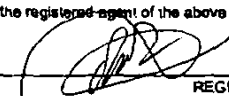
City
MIAMI

State
FL

Zip Code
33194

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  Date **12/14/2007**

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
P	ARSENIO COLUMBIE	1330 SW 152 PLACE	MIAMI, FL 33194
VP	LIANE COLUMBIE	1330 SW 152 PLACE	MIAMI, FL 33194
TR	ARSENIO COLUMBIE	1330 SW 152 PLACE	MIAMI, FL 33194

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:  Date **12/14/07** Daytime Phone # **(305) 551-2015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell DEC 19 2007

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ARSENIO COLUMBIE, MD.PA.

1330 SW 152 PLACE
MIAMI, FL 33194
Tel : (786) 514-4242

December 14, 2007

Florida Department Of Revenue
Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

This letter is to certifying that we don't received prior notices about the Annual Report renewal, the new address in the reinstatement document is correct. New Address : 1330 SW 152 PL, Miami, FL 33194. old Address 1910 SW 123 Avenue, Miami, FL 33175.

Attached, I send a Check for the amount of \$ 308.75, Please see the following information about the check amount

- | | |
|-----------------------------|-----------|
| 1) Annual Fee for Year 2006 | \$ 150.00 |
| 2) Annual Fee for Year 2007 | \$ 150.00 |
| 3) Certificate Of Status | \$ 8.75 |

Please contact me at (786) 514-4242 if you are in need of further information concerning this matter.

Respectfully,



Arsenio Columbie
President / Treasurer