

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 3:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000120800

1. Corporation Name

ROBERTO RODRIGUEZ P.A.

2. Principal Office Address - No P.O. Box #

7220 RED ROAD

Suite, Apt. #, etc.

City & State

SOUTH MIAMI

Zip

33143

Country

DADE

3. Mailing Office Address

7220 RED ROAD

Suite, Apt. #, etc.

City & State

SOUTH MIAMI

Zip

33143

Country

DADE

800156952678
06/09/09--01040--010 **1050.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 08.30.05

5. FEI Number
20-3502664

☐ 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
ROBERTO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
7220 RED ROAD

Suite, Apt. #, Etc.

City
SOUTH MIAMI

State
FL

Zip Code
33143

☐ 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

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 |
|--------|--------------------------------------|---|-----------------------|
| PD | ROBERTO RODRIGUEZ | 7220 RED ROAD | SOUTH MIAMI, FL 33143 |
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B 6/12/09
REINSTATEMENT 07-09

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

04/09/2009

Date

305-815-5777

Daytime Phone #