

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 27 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000148204

1. Corporation Name

MARY J. CABALLERO, P.A.

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

16413 SW 54 TERRACE

3. Mailing Office Address

170 SE 14 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1505

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

Dade

Zip

33131

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

11/7/2005

5. FEI Number

16-1741087

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

MARY J. CABALLERO

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

170 SE 14 STREET

Suite, Apt. #, Etc.

1501

City

MIAMI

State

FL

Zip Code

33131

☒ 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

REGISTERED AGENT MUST SIGN

Date

Jan 12 / 09

**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	MARY CABALLERO	170 SE 14 STREET # 1505	MIAMI, FL 33131

800140790348  
03/27/09--01032--022 \*\*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 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

Date

Jan 12 / 2009

Daytime Phone #