

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 11 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000152050

1. Corporation Name

FRANCYS CURA, P.A.

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

2665 S. BAYSHORE DRIVE

3. Mailing Office Address

2665 S. BAYSHORE DRIVE

Suite, Apt. #, etc.

SUITE 906

Suite, Apt. #, etc.

SUITE 906

City & State

COCONUT GROVE FL

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

Zip

33133

Country

USA

REINSTATEMENT
CR2E081-(12/08) 07-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2005

5. FEI Number
203795374

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

JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)
2665 S. BAYSHORE DRIVE

Suite, Apt. #, Etc.
SUITE 906

City

COCONUT GROVE

State

FL

Zip Code

33133

☒ 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 2/10/09

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
PSD	FRANCYS CURA	2665 S. BAYSHORE DRIVE Ste 906	COCONUT GROVE, FL 33133

600143397606
02/11/09--01020--016 **450.00

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:

FRANCYS CURA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/09

Date

305-279-4101

Daytime Phone #

2 of 2

February 10, 2009

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

Re: FRANCYS CURA P.A. (P05000152050)

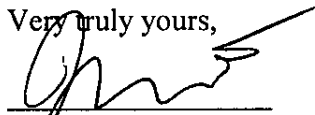
To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for FRANCYS CURA P.A. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2007 , 2008 or 2009. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2007, 2008 and 2009 .

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,



JORGE L. GURIAN



FRANCYS CURA

Enclosure