

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 006-7506

1. Corporation Name

Paula Maria Arce P.A.

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

4174 NW 79 Av

Suite, Apt. #, etc.

1A

City & State

Doral

Zip

33166

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

Paula Maria Arce

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

4174 NW 79 Av

Suite, Apt. #, Etc.

1A

City

Doral

State

FL

Zip Code

33166

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

Paula Arce

REGISTERED AGENT MUST SIGN

Date 04/30/08

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
PRES	Paula Arce	4174 NW 79 Av 1A	Miami, FL 33166

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:

Paula Arce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/08

Date

Daytime Phone #

FILED

08 JUN 24 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/23/08--01052-001: \$300.00

500131592775

REINSTATEMENT

07-08

4. Date incorporated or Qualified
To Do Business in Florida

01/18/2006

5. FEI Number

22-3920481

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.