

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

09 DEC 23 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500163920815
12/23/09--01034--016 **300.00

REINSTATEMENT 08-09

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07000013115 1. Corporation Name YACENIA MORALES PA.			
2. Principal Office Address - No P.O. Box # 16135 SW 99 AVENUE		3. Mailing Office Address PO BOX 970352	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33157	Country MIAMI-DADE	Zip 33197	Country MIAMI-DADE
4. Date Incorporated or Qualified To Do Business in Florida 01/29/2007			
5. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name YACENIA MORALES			
Street Address (P.O. Box Number is Not Acceptable) 16135 SW 99 AVENUE			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33157
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 <i>Y. Morales</i>			Date 12/18/2009
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
PDS	YACENIA MORALES	16135 SW 99 AVENUE	MIAMI, FL 33157
10. E-mail Address: YMORALES@SACASRELATY.COM			
(To be used for future annual report notification)			
11. 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. I further certify, 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: <i>Y. Morales</i>			Date 12/18/2009 786-356-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #