

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 DEC -1 PM 12:44

DOCUMENT # P07000038077

1. Corporation Name

YAJAIRA C. AGUERO, P.A.

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

6740 NW 114 AVE.

Suite, Apt. #, etc.

702

City & State

DORAL, FL

Zip

33178

Country

USA

3. Mailing Office Address

6740 NW 114 AVE

Suite, Apt. #, etc

702

City & State

DORAL, FL

Zip

33178

Country

USA

500163210805  
12/01/09--01016--009 \*\*300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/07

5. FEI Number

20-8743851

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

YAJAIRA C. AGUERO

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

6740 NW 114 AVE

Suite, Apt. #, Etc.

702

City

DORAL

State

FL

Zip Code

33178

☒ 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

*Yajaira C. Aguero*  
REGISTERED AGENT MUST SIGN

Date 11/24/2009

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	YAJAIRA C. AGUERO	6740 NW 114 AVE, STE 702	DORAL, FL 33178

10. E-mail Address: GARCIA@CORPOTAX.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:

*Yajaira C. Aguero*

YAJAIRA C. AGUERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/2009

305-856-6624

Date Daytime Phone #