

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 FEB 26 AM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000099037

1. Corporation Name

ADRIAN MORALES DOBRZYNSKI PA

CR2E061 (11/10)

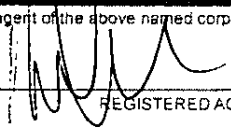
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
244 Biscayne Blvd		244 Biscayne Blvd	
Suite, Apt. #, etc		Suite, Apt. #, etc	
APT 3504		APT 3504	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33132		33132	

4. Date Incorporated or Qualified To Do Business in Florida	
12/04/2012	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	
CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable)	
1201 HAYS STREET	
Suite, Apt. #, Etc.	
City	State Zip Code
TALLAHASSEE	FL 32301

600270012666

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:  **Harry B. Davis**
Asst. Vice President

Date: 2/24/15

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
P	Adrian Morales Dobrzynski	244 Biscayne Blvd, APT 3504	Miami, FL 33132

REINSTATEMENT
2014

10. E-mail Address: Amorales.realtor@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Adrian Morales Dobrzynski **Adrian Morales Dobrzynski**, 2/25/15, 786-327-8874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 26 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195

REFERENCE : 501756 7913449

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : February 12, 2015

ORDER TIME : 1:27 PM

ORDER NO. : 501756-005

CUSTOMER NO: 7913449

DOMESTIC FILINGS

NAME: ADRIAN MORALES DOBRZYNSKI PA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB 26 PM 1:55
NOT ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING