PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FÖR Secretary of State REINSTATEMENT FILED **DIVISION OF CORPORATIONS** DOCUMENT # P92000005592 98 JUL 27 PH 2: 15 1. Corporation Name JOSE M. REIGOSA CPA, P.A. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Malling Address 700 NW LE JEUNE RD. 700 NW LE JEUGE RO. SUITE SIG 9UITE-910-MIAMI FL 00120 "MIAMI FL 33120" If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 3900 N.W. 79TH AVENUE 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 3900 N.W. 79TH AVENUE 11/16/1992 Suite, Apt. #, etc. 567 Suite, Apt. #, etc. **567** 5. FEI Number Applied For 65-0360677 MIAMI, FL MIAMI, FL Not Applicable \$8.75. Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 33166 U.S.A. 33166 U.S.A. 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) REGOSA, JOSE M MIAMI LAKES FL PSTD 15440 NW 83RD CT. 07/31/98-**-0**1100--015 ***1058.75[°] ***1058.75 3. Name and Address of Current Registered Agent Name and Address of New Registered Agent REIGOSA JOSE M Street Address (P.O. Box Number Is Not Acceptable) 15440 NW 83RD CT. Suite, Apt. #, Etc. MIAMI LAKES FL 33018 City State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. TOOL M- KENGTOON AGENT MUST SIGN Signature of Registered Agent Date JULY 24, 1998 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes l 12. I certify that | 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 fitting 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 porporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

JOSE M. REIGOSA, DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

07/24/98 (305)436-1558 Date Deytime Phone #