

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005592

1. Corporation Name

JOSE M. REIGOSA CPA, P.A.

FILED

98 JUL 27 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~700 NW LE JEUNE RD.
SUITE 010
MIAMI FL 33120~~

~~700 NW LE JEUNE RD.
SUITE 010
MIAMI FL 33120~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3900 N.W. 79TH AVENUE

Suite, Apt. #, etc.
567

City & State
MIAMI, FL

Zip **33166** Country **U.S.A.**

3. New Mailing Office Address, If Applicable

3900 N.W. 79TH AVENUE

Suite, Apt. #, etc.
567

City & State
MIAMI, FL

Zip **33166** Country **U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1992

5. FEI Number

65-0360677

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional fees required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	REIGOSA, JOSE M	15440 NW 83RD CT.	MIAMI LAKES FL

TS 7/29

96-98

700002604677-4
-07/31/98-01100-015
***1058.75 ***1058.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REIGOSA, JOSE M
15440 NW 83RD CT.
MIAMI LAKES FL 33018

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL 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.

Signature of Registered Agent

Jose M. Reigosa

REGISTERED AGENT MUST SIGN

Date **JULY 24, 1998**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(l), 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: *Jose M. Reigosa* **JOSE M. REIGOSA, DIRECTOR** **07/24/98** **(305) 436-1558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E940 (7/96)