


PS 172

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 12 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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100030324701
03/12/04--01004--009 **\$500.00

REINSTATEMENT 01-04

DOCUMENT # PA3000023527

1. Corporation Name
Ines Quinones P.A.
15951 SW 41st St, Suite 800
Weston, FL 33331

2. Principal Office Address 15951 SW 41st Street		3. Mailing Office Address 15951 SW 41st Street	
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800	
City & State Weston, Florida		City & State Weston, Florida	
Zip 33331	Country Broward	Zip 33331	Country broward

4. Date Incorporated or Qualified To Do Business in Florida _____

5. FEI Number 65-0400660	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Ines Quinones

Street Address (P.O. Box Number is Not Acceptable)
15951 SW 41st Street

Suite, Apt. #, Etc.
Suite 800

City Weston	State FL	Zip Code 33331
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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.

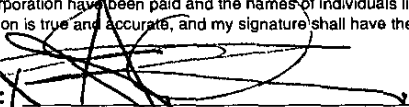
Signature of Registered Agent _____ Date _____

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
D	Ines Quinones	15951 SW 41st St #800	Weston, FL 33331

10. 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)(i), 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/8/04 Daytime Phone # _____

CR2E081 (01/04)

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PS 2 of 2

Ines Quinones P.A.
15951 SW 41st Street #800
Weston, FL 33331

March 9, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement

A reinstatement form for Ines Quinones, P.A. is enclosed. Our corporation was dissolved because the state records did not have our correct address on file. We never received our annual report form to file and the corporation was dissolved. We are enclosing a check for \$600.00 to pay for the missing four years of annual report filing. Please reinstate our corporation.

Sincerely,

Ines Quinones