

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 # **P93000033371**

1. Corporation Name

JUANA MARIA ROJAS, P.A.

FILED

96 NOV -4 AM 10: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

307 SOUTH BLVD
STE D
TAMPA FL 33607

307 SOUTH BLVD
STE D
TAMPA FL 33607



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

REINSTATEMENT *ab*

2. New Principal Office Address, If Applicable

1115 NO. HIMES AVE.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1115 NO. HIMES AVE.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/07/1993

5. FEI Number

59-3217287

Applied For

Not Applicable

City & State

City & State

Zip *33607*

Country

Zip *33607*

Country

6. CERTIFICATE OF STATUS DESIRED

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
PD	ROJAS, JUANA MARIA	307 S BLVD STE D <i>1115 No. Himes AVE.</i>	TAMPA FL <i>33607</i>

300002004303--7
-11/14/96--01033--013
****375.00 ****375.00

8. Name and Address of Current Registered Agent

ROJAS, JUANA M
307 SOUTH BLVD
TAMPA FL 33607
*1115 NO. HIMES AVE.
33607*

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10-31-96*

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10-31-96*

Daytime Phone # *813 879-2223*