

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 17 AM 9:39

DOCUMENT # **P93000053906**

**1. Corporation Name**

BILINGUAL ASSOCIATES, INC.

600055190406  
05/24/05--01050--004 \*\*750.00

**REINSTATEMENT 01-05**

**2. Principal Office Address**

12550 BISCAYNE BLVD

**3. Mailing Office Address**

12550 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

NORTH MIAMI, FLORIDA

City & State

NORTH MIAMI, FLORIDA

Zip

33181

Country

USA

Zip

33181

Country

USA

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

07-28-1993

**5. FEI Number**

65-0423899

Applied For

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

FRANK GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

12550 BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE 500

City

NORTH MIAMI, FL

State  
**FL**

Zip Code  
33181

**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

REGISTERED AGENT MUST SIGN

Date **MAY 16, 2005**

**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
PD	FRANK GONZALEZ	12550 BISCAYNE BLVD-SUITE 500	NORTH MIAMI, FL 33181

**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

**MAY 16, 2005**

Date

Daytime Phone #

CR2E081 (01/05)

2 of 2

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

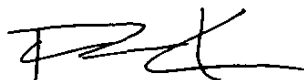
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM SINCE 2001 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



---

FRANK GONZALEZ  
PRESIDENT