## 2008 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT					F* F		
DOCUMENT # P94000022408					FILED		
1. Entity Name							
PEDRO J. FUENTES-CID, P.A.			1		08 NO	DV -7 PM 3: 02	
Principal Place of Business Mailing Address					Chit	RLIARY OF STATE NHASSEE, FLORIDA	
255 ALHAMBRA CIRCL		o biscayme/bourevard		781 6	HASSEE, FLORIDA		
STE 550		MIAMI, FIL 33131 US		In			
MIAMI, FL 33134 US					 	BING BERTIE TIELE TIETT ELET BELLET LESSERE (1 1998)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 255 BLHAMBAB CIACL					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10312008 REIN-P	CR2E098 (1/07)	
City & State		City & State CORAL GABLES		LES	4. FEI Number 65-0594044	Applied For Not Applicable	
Zip	Country	<sup>Zip</sup> 33134	Country Country	WAIM -	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name FUENTES-CID, PEDRO J							
2650 BISCAYNE BOULEVARD MIAMI. FL 33137				Street Address (P.O. Box Number is Not Acceptable).  355 ALHAMBAR CIRCLE			
140 AMI, 1 E 30 101				st. 550			
City CO					AL GABLES	FL Zip Code 33134	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00  After January 1, 2009, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 11	
TITLE D Delete			TITLE	50	ENTES-CID, PET	Change Addition	
NAME FUENTES-CID, PEDRO J STREET ADDRESS 2650 BISCAYNE BOULEVARD			NAME		5 PLHAMAA CI		
CITY-ST-ZIP MIAMI, FL 33137			CITY-S		ORPL GABLES		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			Change Addition	
NAME			NAME		5U0137	735725	
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NAME STREET ADDRESS	· week for		NAME	T ADORESS		U	
CITY-ST-ZIP				ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information							
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
changed, or on an	attashment with an address,	with all other like empowered	^ \	D			
SIGNATURE: TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TO DATE DAYLING PROOF &							