

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000022408

1. Entity Name
PEDRO J. FUENTES-CID, P.A.



Principal Place of Business
255 ALHAMBRA CIRCL
STE 550
MIAMI, FL 33134 US

Mailing Address
2650 BISCAYNE BOULEVARD
MIAMI, FL 33137 US

FILED
08 NOV -7 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0594044
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUENTES-CID, PEDRO J
2650 BISCAYNE BOULEVARD
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code

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

TITLE D
NAME FUENTES-CID, PEDRO J
STREET ADDRESS 2650 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI, FL 33137

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME FUENTES-CID, PEDRO J.
STREET ADDRESS 255 ALHAMBRA CIRCLE - STE 550
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-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.

SIGNATURE: PRESIDENT 11/05/08 (305) 648-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #