

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


2010 APR 28 P 12: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000178374100  
04/28/10--01024--003 \*\*\*2408.75

CR2E081 (11/09)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000063854

1. Corporation Name

Anthony G. Carmona, P.A.

2. Principal Office Address - No P.O. Box #

1800 W. 49th St.

3. Mailing Office Address

1800 W. 49th St.

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

Zip

33012

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Carmen Munoz

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

1840 W. 49th St.

Suite, Apt. #, Etc.

Suite 601

City

Hialeah, FL 33012

State

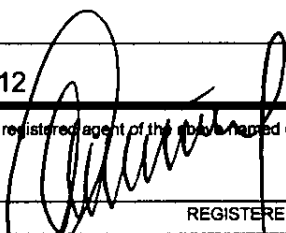
FL

Zip Code

33012

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 4/19/10

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	Anthony G. Carmona	14158 S.W. 31st St.	Miramar, FL 33027

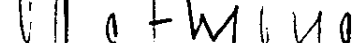
**REINSTATEMENT**  
1995-2010

10. E-mail Address: anthonycarmona@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:



Anthony G. Carmona

4/19/10

(305) 820-4433

SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #