

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000081673**

1. Corporation Name

ELIZABETH BALAGUER, P.A.

Principal Place of Business

Mailing Address

2307 MOUNT VERNON ST
ORLANDO FL 32803

2307 MOUNT VERNON ST
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1994

5. FEI Number

59-3279785

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BALAGUER, ELIZABETH	2307 MOUNT VERNON ST	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALAGUER, ELIZABETH
2307 MOUNT VERNON ST
ORLANDO FL 32803

Name

ELIZABETH BALAGUER

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

2684 MUSCATELLO ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

Elizabeth Balaguer

REGISTERED AGENT MUST SIGN

Date

10/12/99

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 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:

Elizabeth Balaguer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99

Date

(407) 894-2116

Daytime Phone #

REINSTATEMENT

99@



FILED
99 NOV -3 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (8/99)