

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 AM 11:30

DOCUMENT # **P95000028259**

1. Corporation Name

JOSE M. DE LA O, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900004911569--5
-02/12/02--01049--006
***1358.75 ***1358.75
VOID
900004911569--5
-02/12/02--01049--006
***1358.75 ***1350.00

2. Principal Office Address
1108 PONCE DE LEON

3. Mailing Office Address
1108 PONCE DE LEON

REINSTATEMENT 98-02

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **4/10/95**

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

5. FEI Number **65-0577512**

Zip **33134** Country **USA**

Zip **33134** Country **USA**

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name **JOSE M. DE LA O**

Street Address (P.O. Box Number is Not Acceptable)
1108 PONCE DE LEON

Suite, Apt. #, Etc.

City **CORAL GABLES**

State **FL** Zip Code **33134**

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 **Jose M. De La O**

Date **1/25/02**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOSE M. DE LA O	1516 ANCONA AVENUE	CORAL GABLES, FL 33146

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)(a), 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: **Jose M. De La O** **JOSE M. DE LA O**
PRESIDENT

Date **1/25/02** Daytime Phone # **905 442-6009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #