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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>P95000051792</u>		
1. Corporation Name <u>M. Ludy Groso, P.A.</u>		

2. Principal Office Address <u>2625 Collins Avenue</u> Suite, Apt. #, etc. <u># 140B</u>		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>MIAMI Beach, FL</u>		City & State	
Zip <u>33140</u>	Country <u>USA</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>7/5/95</u>			
5. FEI Number <u>65-0606707</u>			Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent			
Name <u>Jorge A. Rodriguez CPA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>6401 SW 87th AVENUE</u>			
Suite, Apt. #, Etc. <u>Suite 210</u>			
City <u>MIAMI</u>		State <u>FL</u>	Zip Code <u>33173</u>

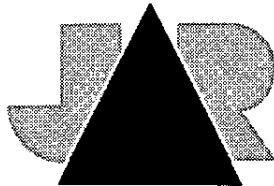
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <u>J. Rodriguez</u>		Date <u>7-12-04</u>	

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
Pres	<u>Maria Ludy Groso</u>	<u>2625 Collins Ave #1408</u>	<u>miami BEACH, FL 33173</u>

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)(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: <u>M. Ludy Groso</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>7-12-04</u>	Daytime Phone # <u>(305) 673-2371</u>
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CR2E081 (01/04)



**JORGE A. RODRIGUEZ & ASSOCIATES, P.A.**

Certified Public Accountants & Business Consultants

July 12, 2004

Secretary of State  
 Florida Department of State  
 R.A. Gray Building  
 500 S. Bronough  
 Tallahassee, FL 32399-0250

RE: M. Ludy Groso, P.A.  
 2625 Collins Avenue #1408  
 Miami Beach, FL 33140  
 FEIN: 65-0606707  
 Ref. No.: P95000051792

Dear sir/madam:

This letter is in response to your notice of dissolution. We kindly ask the State of Florida to reinstate M. Ludy Groso, P.A. (EIN 65-0606707) corporate status for the following reason:

- The corporation had a change of address and never received the Uniform Business Report. Therefore, she was unaware and uninformed and did not pay her corporate filing fee for 2004.

We thank you in advance and appreciate your consideration in this matter. If you have any further questions, please contact our office at (305) 595-1783 x. 267.

Sincerely,

Jorge A. Rodriguez, CPA  
*J.A. Rodriguez, CPA & Associates, P.A.*