

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071458

1. Corporation Name

DR. JOACHIM DE POSADA & ASSOCIATES, INC.

Principal Place of Business

1111 S.W. 92 AVENUE
MIAMI FL 33174

Mailing Address

1111 S.W. 92 AVENUE
MIAMI FL 33174

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1995

5. FEI Number

65-0611164

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DE POSADA, JOACHIM	1111 S.W. 92 AVENUE	MIAMI FL 33174
VP	KLEIS, ANNE MARIE	111 SW 92ND AVE	MIAMI FL 33174

8. Name and Address of Current Registered Agent

DE POSADA, JOACHIM
1111 S.W. 92 AVENUE
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-22-02

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:

SIGNATURE REQUIRED
JOACHIM DE POSADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-02

Daytime Phone #

CR2E040 (8/02)

Dr. Joachim de Posada & Associates, Inc.

Consultants

Professional Speakers

Trainers

10-22-02

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327


Dear Sir or Madam:

I ask for the waiver of the reinstatement fee since we had not received the two prior uniform business report (UBR) notices.

We have been in business many years and we have never failed to file the report.

For whatever reason, the notices were not received. If they could be sent registered mail next time, even at our expense, we would greatly appreciate it.

Yours truly,


Dr. Joachim de Posada
President

1111 S.W. 92nd Ave. Miami, Fl 33174-3136
Telephone: 305-227-9478 Fax: 305-229-3008 Pager: 305-889-4689
E-mail: JOACHIMNSA@aol.com <http://www.jdeposada.com>