

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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

Mailing Address

1111 S.W. 92 AVENUE  
MIAMI FL 33174

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0611164

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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

*Handwritten:* 500008595745  
10/25/02-01076-007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

*Handwritten Signature*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

*Handwritten Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

CR2E040 (8/02)

# *Dr. Joachim de Posada & Associates, Inc.*

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*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

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