PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED FOR Secretary of Strete REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC 27 AM 8: 50 DOCUMENT # P95000077089 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1 Corporation Name LAW OFFICES OF ROBERTO RIGAL, JR., P.A. Procipal Place of Business Mailing Address 2900 S.W. 28TH TERRACE 2900 S.W. 28TH TERRACE GROVE PLAZA, 2ND FLOOR GROVE PLAZA, 2ND FLOOR MIAMI FL 33133 MIAMI FL 33133 REINSTATEMENTO 0 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. Naw Mailing Office Address, If Applicable 2900 SW 26 TOROACE Date Incorporated or Qualified To Do Business In Florida 10/09/1995 Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0644850 Not Applicable Country CERTIFICATE OF STATUS DESIRED [7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip D RIGAL. ROBERTO JR 2900 S.W. 28TH TERRACE MIAMI FL 33133 8|00002046078--0 -01/03/97--01182--019 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent RIGAL. ROBERTO JR Street Address (P.O. Box Number is Not Acceptable) 2900 SW 28 TERACE 2900 S.W. 28TH TERRACE GROVE PLAZA, -2ND-FLOOR MIAM! FL 33133 10 I, being appointed the registered agent of the above rumed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes L 12 if certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the equirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the name 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. 12-10-96 (305) 774-1644 SIGNATURE: SIGNATURE AND TYPED OR PR