

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 16 AM 8:00

DOCUMENT # P96000004639

1. Corporation Name

MANUEL ARTHUR MESA, P.A.

44 WEST FLAGLER STREET
44 WEST FLAGLER STREET

2. Principal Office Address

44 WEST FLAGLER STREET

Suite, Apt. #, etc.

1575

3. Mailing Office Address

44 WEST FLAGLER STREET

Suite, Apt. #, etc.

1575

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33130

Country

USA

Zip

33130

Country

USA

REINSTATEMENT

02-04
INRD

5/26/04 01051 002 *150.00

4. Date Incorporated or Qualified

To Do Business in Florida 01/16/1996

5. FEI Number

65-0657924

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MANUEL A. MESA, ESQ.

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

44 WEST FLAGLER STREET

Suite, Apt. #, Etc.

1575

City

MIAMI

State
FL

Zip Code
33130

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

REGISTERED AGENT MUST SIGN

Date 06/09/04

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
PD	MANUEL ARTHUR MESA	44 WEST FLAGLER STREET #1575	MIAMI, FLORIDA 33130

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/09/04

Date

305.863.1000

Daytime Phone #

CR2E081 (01/04)

June 9, 2004

Florida Department of State
Division of Corporations
Attn. Ruby Dunlap
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application for Reinstatement – Manuel Arthur Mesa, P.A.

Dear Ms. Dunlap:

In accordance with our telephone conversation of today, enclosed please find a second original Reinstatement Application for the aforementioned corporation. Please note that, as per our prior letter dated May 24, 2004, we never received the annual report because of an address change effective May 1999. Consequently, we never received the annual report for 2002 neither. Nevertheless, attached to the reinstatement application and this letter you will find a check for the remaining \$300.00 you requested to reinstate the corporation as soon as possible.

It is my understanding that you, in turn, will waive any additional reinstatement fees.

Thank you for your immediate attention to this matter.

Sincerely,



Manuel Arthur Mesa

Enclosures