PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 12 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019221

1. Corporation Name

Pedro E. Dijols, P.A.

REINSTATEMENT 07-09

500162753695
11/12/09--01003--008 **450.00

CR2E081 (10/09)

2. Principal Office Address - No. P.O. Box #	3. Mailing Office Address
750 S.E. 3rd Ave	P.O. Box 999
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 204	
City & State	City & State
Ft. Lauderdale FL	Ft. Lauderdale FL
Zip / County	Zip / County
33316 U.S.	33302 US

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/1996

5. FEI Number: 650651193 ☐ 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: Pedro E. Dijols
Street Address (P.O. Box Number is Not Acceptable): 750 SE 3rd Ave
Suite, Apt. #, Rm.: Suite 204
City: Ft. Lauderdale | State: FL | Zip Code: 33316

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent: Pedro E. Dijols — Date: 11-9-09
REGISTERED AGENT MUST SIGN

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.	Pedro E. Dijols	P.O. Box 999	Ft. Laud. FL. 33302

10. E-mail Address: DavieLaw@aol.com
(To be used for future annual report notifications)

11/12

11. *I 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 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. I further certify 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: Pedro E. Dijols — 11-9-09 — 954-472-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #