
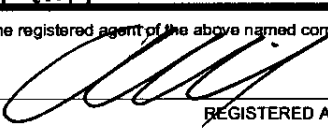



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000040391</u>			
1. Corporation Name <u>Law Offices Alfonso Salcines, P.A.</u>			
2. Principal Office Address <u>4300 West Flagler Street</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>Suite 102</u>		Suite, Apt. #, etc.	
City & State <u>Miami</u>		City & State	
Zip <u>33134</u>	Country <u>U.S.A.</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>5-10-1996</u>			
5. FEI Number <u>650666953</u>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>Alfonso Salcines</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4300 West Flagler Street,</u>			
Suite, Apt. #, Etc. <u>Suite 102</u>			
City <u>Miami</u>		State <u>FL</u>	Zip Code <u>33134</u>
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 		Date <u>8/14/03</u>	
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
<u>Pres</u>	<u>Alfonso Salcines</u>	<u>4300 West Flagler Street</u>	<u>Miami, FL, 33134</u>
<u>Sec.</u>	<u>Same</u>		
<u>Treas.</u>	<u>Same</u>		
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: 		Date <u>8/14/03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>3054420306</u>	

FILED
04 MAR -8 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

600022406326
01/16/04--01069--011 **291.25

600022406326
08/19/03--01022--001 **58.75

600022406326
03/08/04--01022--007 **308.75

CR2E081 (10/02)

TR

LAW OFFICES OF
ALFONSO SALCINES, P.A.

4300 WEST FLAGLER STREET
SUITE 102
MIAMI, FLORIDA 33134

ALFONSO SALCINES
ALINA SALCINES RESTREPO

TEL: (305) 442-0306
FAX: (305) 442-2311

August 14, 2003

Division of Corporations, Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

Re: Law Offices of Alfonso Salcines, P.A.

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement Form and a check in the amount of \$158.75 for this years filing fee. Please waive the late charges as the only reason it was not paid was because I did not receive the renewal notice. (2001 - 2004)

If you have any questions do not hesitate to contact the undersigned.

Sincerely,


ALFONSO SALCINES