

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000041666**

1. Corporation Name
ARMANDO M. MONTERO AND ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1514 SAN IGNACIO AVENUE # 150 CORAL GABLES FL 33146 US	1514 SAN IGNACIO AVENUE # 150 CORAL GABLES FL 33146 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
 04 FEB 26 AM 9:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 02-04

 000025818900
 02/09/04--01052--001 **158.75

4. Date Incorporated or Qualified To Do Business In Florida	05/14/1996
5. FEI Number	65-0672069
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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
PSTD	MONTERO, ARMANDO M	6841 SW 73 CT	MIAMI FL 33143

8. Name and Address of Current Registered Agent
MONTERO, ARMANDO M
 1514 SAN IGNACIO AVENUE
 # 150
 CORAL GABLES FL 33146

9. Name and Address of New Registered Agent
 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 *Armando Montero* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN
 Date 12/23/03
1/2/04 AM

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 *Armando Montero* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 12/23/03 1/2/04 AM
 Daytime Phone # 305 661-5761

CP2E040 (8/02)