PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P96000055373

1. Corporation Name

US

DOCUMENT #

GARCIA, ELKINS & BOEHRINGER, P.A.

Principal Place of Business 712 NORTH OLIVE AVE. 7112 NORTH-OUVE AVE-W PALM BEACH FL 33401

Mailing Address

TIZ NORTH OLIVE AVE. W PALM BEACH FL 33401

FILED SEGRETARY OF STATE CONSISTS OF CORPORATIONS

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.					TARRED OF C		
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable New Mailing Office Address, If Applicable			Applicable 4. Da	Date Incorporated or Qualified To Do Business in Florida 06/28/1996			
Suite, Apt. # 712		JORTH OLL	UE AVE. 5. FI	El Number		Applied For	
 City & State 	City & State				65-0675866	Not Applicable	
W. PALM BEACH, FL W. PALM Zip 33401 USA Zip 33401			Country 6. CERTIFICATE C		OF STATUS DESIRED \$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)							
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director		City / State / Zip		
₽P	GARCIA, ISIDRO M 712 N OLIVE AV		Æ	\	W PALM BEACH FL 33401		
Ð	CARBONELL, MARK F. 7-12 N OLIVE AV		Æ	W PALM BEACH FL 33401			
₽ -S	ELKINS, JAMES S	Æ	,	W. PLAM BCH FL 33401			
+ T	BOEHRINGER, MARIA K	712 N OLIVE AVE			W PALM BCH FL 33401		
		_		913	00034579 -1170970001 ****750,00	 	
					arne and Address of New Registered Agent		
GARC	IA	GARCIA, ISIDRO M.					
	A, ISIDRO M	Street Address (P.O. Box Number is Not Acceptable)					
712 NORTH OLIVE AVE 712 N				ORTH OLIVE AVENUE			
W PALM BEACH FL 33401				te, Apt. #, Etc PALM BEACH			
W. PALM BEACH State 33401							
10. I, being appointed the registered agent of the above named orporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN							
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 reve the same legal effect as if made under oath.							
SIGNATURE: SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #							

AD