

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 28 PM 2: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000064508

**1. Corporation Name**  
ANTONIO J. SOTO, III, P.A.

**2. Principal Office Address**  
8500 West Flagler Street

**3. Mailing Office Address**  
8500 West Flagler Street

Suite, Apt. #, etc.  
A-105

Suite, Apt. #, etc.  
A-105

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33144-2054

Country  
Miami-Dade

Zip  
33144-2054

Country  
Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida** 08/01/96

**5. FEI Number**  
650689832

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  
Antonio J. Soto, III, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
8500 West Flagler Street

Suite, Apt. #, Etc.  
A-105

City  
Miami

State Zip Code  
FL 33144-2054

**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 March 23, 2005

**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
P/D	Antonio J. Soto, III, Esq.	8500 West Flagler Street, A-105	Miami, FL 33144-2054

**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

March 23, 2005

Date

305-227-2700

Daytime Phone #

CR2E081 (01/05)