

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 28 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064967

1. Corporation Name

M/P ASSOCIATED ARCHITECTS, INC.

Principal Place of Business

4131 LAGUNA STREET
CORAL GABLES FL 33146

Mailing Address

4131 LAGUNA STREET
CORAL GABLES FL 33146

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1996

5. FEI Number

65-0689285

Applied For

Not Applicable

6.

CERTIFICATE 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	POSE, MANUEL V	4131 LAGUNA STREET	CORAL GABLES FL 33146
D	MARTINEZ, ROBERTO M	4131 LAGUNA STREET	CORAL GABLES FL 33146

8. Name and Address of Current Registered Agent

GARCIA & AVELLAN PA
201 ALHAMBRA CIR
SUITE 500
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Vila Padron PA
Street Address (P.O. Box Number is Not Acceptable)
2100 Salzedo ST.
Suite, Apt. #, Etc.
Suite 300
City
Coral Gables

State Zip Code

FL 33134

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MANUEL V POSE

Date

10/21/02 (305) 4461166

CR2E040 (8/02)