

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000085603**

1. Corporation Name

**GUSTAVO A SANCHEZ & ASSOCIATES CO.**

Principal Place of Business

Mailing Address

1544 NW 158 AVE  
PEMBROKE PINES FL 33028  
US

1544 NW 158 AVE  
PEMBROKE PINES FL 33028  
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 MAR 30 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida

10/14/1996

5. FEI Number

65-0709129

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
PD	SANCHEZ, GUSTAVO A	1544 NW 158 AVE	PEMBROKE PINES FL 33028

800031368298  
03/30/04--01012--027 \*\*\$00.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ, GUSTAVO A 1544 NW 158 AVE PEMBROKE PINES FL 33028	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code

FL

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 REQUIRED**

Date

3-25-04

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 have the same legal effect as if made under oath.

**SIGNATURE: GUSTAVO A SANCHEZ**

3-25-04

561-487-5605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)