

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
01 OCT 30 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P96000096132*
1. Corporation Name
MICHAEL GARCIA PETIT, P.A.

2. Principal Office Address
19 W. FLAGLER ST

Suite, Apt. #, etc.
707

City & State
MIAMI FL

Zip
33130

Country
USA

3. Mailing Office Address
19 W. FLAGLER ST

Suite, Apt. #, etc.
707

City & State
MIAMI FL

Zip
33130

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0718561

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
MICHAEL GARCIA PETIT

Street Address (P.O. Box Number is Not Acceptable)
19 W. FLAGLER ST # 707

Suite, Apt. #, Etc.
707

City
MIAMI

000004690830--7
-11/21/01--01043--020
****900.00 ***900.00*

State
FL

Zip Code
33130

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

Date
10/24/01

REGISTERED AGENT MUST SIGN

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
<i>P/T/S</i>	<i>MICHAEL GARCIA PETIT</i>	<i>19. WEST FLAGLER ST #707</i>	<i>MIAMI, FL 33130</i>

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

10/24/01 (305) 577-8985

Date

Daytime Phone #

CR2E081 (9/00)