

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 24 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000096640**

1. Corporation Name

CONNOLLY & VILLEGAS CPAs, PA

2. Principal Office Address

10661 N. KENDALL DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33176

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/27/96

5. FEI Number

65-0712640

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

MATTHEW CONNOLLY

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

10661 N. KENDALL DRIVE

Suite, Apt. #, Etc.

201

City

MIAMI

State
FL

Zip Code
33176

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

Matthew A. Connolly

REGISTERED AGENT MUST SIGN

Date

4/23/02

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/S/D	MATTHEW A CONNOLLY	9436 SW 69 AVE	MIAMI FL 33156
V/P/D	FRANCISCO J. VILLEGAS	1450 BRICKELL BAY DR #503	MIAMI FL 33131

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:

Matthew A. Connolly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

305 275-0208

Daytime Phone #

CR2E081 (8/01)