

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 30 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATE



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000097526

1. Corporation Name

MANUEL A. BLANCO, P.A.

2. Principal Office Address

1313 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 301

City & State

Coral Gables, FL.

Zip

33134

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/96

5. FEI Number

65-0721818

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

Manuel A. Blanco, Esq.

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

1313 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 301

City

Coral Gables

100005556871-0

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****150.00 ****150.00

State
FL

Zip Code

33134

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

M. Blanco

REGISTERED AGENT MUST SIGN

Date

4/26/02

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
D	Manuel A. Blanco	1313 Ponce de Leon Blvd. Suite 301	Coral Gables, FL. 33134

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:

M. Blanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(305) 446-7822

Daytime Phone #