

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000101974

1. Corporation Name

RENÉ PALOMINO, JR., P.A.

Principal Place of Business

Mailing Address

800 DOUGLAS ROAD
SUITE 219
CORAL GABLES FL 33134

800 DOUGLAS ROAD
SUITE 219
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

717 Ponce de Leon Blvd

Suite, Apt. #, etc.

217

CORAL GABLES, FL

Zip 33134

Country USA

3. New Mailing Office Address, If Applicable

717 Ponce de Leon Blvd

Suite, Apt. #, etc.

217

CORAL GABLES, FL

Zip 33134

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1996

5. FEI Number

65-0722731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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
PSD	PALOMINO, RENE JR.	800 DOUGLAS ROAD, SUITE 219	CORAL GABLES FL 33134
			300004739893--5
			-12/26/01--01098--009
			****908.75 ****908.75
			REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

PALOMINO, RENE JR.
800 DOUGLAS ROAD
SUITE 219
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Rene Palomino Jr
Street Address (P.O. Box Number is Not Acceptable)
717 Ponce de Leon Blvd
Suite, Apt. #, Etc.
217
City CORAL GABLES State FL Zip Code 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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/11/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

(305) 412-3987

mlw