

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W0402205147

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 16 AM 8:00

DOCUMENT # P96000104539

1. Corporation Name

JOSE I. JUNCADELLA, P.A.

**REINSTATEMENT 98-04**

2. Principal Office Address

355 ALHAMBRA CIRCLE

3. Mailing Office Address

355 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

#900

Suite, Apt. #, etc.

#900

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/96

5. FEI Number

650723716

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

JOSE I. JUNCADELLA

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

5295 FAIRCHILD WAY

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33156

700028230487  
02/05/04--01016--019 \*\*1650.00  
700028230487  
02/05/04--01016--020 \*\*8.75

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

*[Signature]*

Date 1-29-04

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
Director	JOSE I. JUNCADELLA	5295 FAIRCHILD WAY	CORAL GABLES, FL 33156

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]*

JOSE I. JUNCADELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

305-520-2415

Daytime Phone #

CR2E081 (10/02)