

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION

FLORIDA DEPARTMENT OF STATE
 Tallahassee, Florida
 DIVISION OF CORPORATIONS

01-02 UBR

FILED
 02 MAR -8 AM 11:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000000254**

1. Corporation Name
Jorge L. Hernandez Architect PA

600005168546--3
 -03/26/02--01024--012
 ****300.00 ****300.00

2. Principal Office Address
337 Palermo Ave.

3. Mailing Office Address
337 Palermo Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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
12-30-96

5. FEI Number
65-0721263

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee req. for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **Auna P. Hernandez**

Street Address (P.O. Box Number is Not Acceptable):
5726 San Vicente Street

Suite, Apt. #, Etc.

City: **Coral Gables** State: **FL** Zip Code: **33146**

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: **Auna P. Hernandez** Date: **03/06/02**

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
P	Jorge L. Hernandez	5726 San Vicente St.	Coral Gables, FL 33146

01-02 UBR

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: **Jorge L. Hernandez** Date: **2/19/02** (305) 774-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002

JORGE L. HERNANDEZ
Architect

February 19, 2002

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: JORGE L. HERNANDEZ ARCHITECT, PA
DOCUMENT NUMBER: P97000000254

Dear Sir or Madam:

Today I called your office to request my corporate annual report in order to send you the yearly fee, and discovered that our corporation had been dissolved due to non-receipt of our 2000 annual report. We never received last year's corporate annual report, because it was sent to our old address (7550 SW 57 Avenue, Suite 211; Miami, FL 33143). We did not receive any notices of dissolution either. I imagine this was also sent to our old address. Our offices relocated in July 1999 to our present address (**337 Palermo Ave.; Coral Gables, FL 33134**). Please check your records and record this new address for any future correspondence.

We respectfully request a waiver of the late fees since we in fact never received the annual report forms. Your consideration in this matter would be greatly appreciated. Enclosed please find our completed Corporation Reinstatement request form along with our check for \$300, as per telephone instructions we received when we called your offices today.

Thank you very much,

Alina P. Hernandez

Alina P. Hernandez
Office Manager