

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED


08 JAN 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-29-08

REINSTATEMENT 06-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007023

1. Corporation Name
RICHARD DUARTE, P.A.

2. Principal Office Address - No P.O. Box # 355 PALERMO AVENUE		3. Mailing Office Address P.O. BOX 565425	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State MIAMI, FL	
Zip 33134	Country	Zip 33256-5425	Country

4. Date Incorporated or Qualified To Do Business in Florida **JANUARY 23, 1997**

5. FEI Number **65-0731849** 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
RICHARD DUARTE, ESQ.

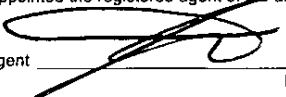
Street Address (P.O. Box Number is Not Acceptable)
355 PALERMO AVENUE

Suite, Apt. #, Etc.

City **CORAL GABLES, FL** State **FL** Zip Code **33134**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date **1-17-08**

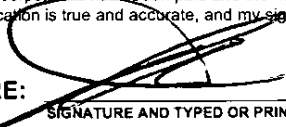
REGISTERED AGENT MUST SIGN

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,D	RICHARD DUARTE	355 PALERMO AVENUE	CORAL GABLES, FL 33134

600115897066
01/23/08--01033--006 **450.00

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 contained in Chapter 119, 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:  RICHARD DUARTE Date **1-17-2008** 305-444-6501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Law Offices

Richard Duarte, P.A.

355 Palermo Avenue
Coral Gables, FL 33134

Tel (305) 444-6501 • Fax (305) 448-0209
E-mail: richard@floridatrialteam.com

Thursday, January 17, 2008

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Richard Duarte, P.A. (P97000007023)

Dear Sir/Madam:

Attached please find a Corporation Reinstatement form for *Richard Duarte, P.A.* (P97000007023) and a check in the amount of \$450.00.

Please note that I am requesting that you waive the \$600.00 reinstatement fee since I did not receive the prior notices. I have enclosed the Annual Report Fee of \$61.25 and the Corporate Supplemental Fee of \$88.75 for a total of \$450.00.

Please feel free to call me if you have any questions.

Respectfully,

Richard Duarte

Enclosure as stated