

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 23 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017795

1. Corporation Name

JORGE A. RODRIGUEZ & ASSOCIATES, P.A.

W04000012396

2. Principal Office Address

7721 SW 62nd Avenue

Suite, Apt. #, etc.

S-201

City & State

South Miami Florida

Zip

33143

Country

USA

3. Mailing Office Address

7721 SW 62nd Avenue

Suite, Apt. #, etc.

S-201

City & State

South Miami Florida

Zip

33143

Country

USA

**REINSTATEMENT**

02-04

000033585120

04/22/04--01060--004 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/96

5. FEI Number

65-0731496

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

Jorge A. Rodriguez

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

7721 SW 62 Ave S-201

Suite, Apt. #, Etc.

S-201

City

South Miami

State

FL

Zip Code

33143

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]

REGISTERED AGENT MUST SIGN

Date

2/4/04

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
<u>P</u>	<u>Jorge Rodriguez</u>	<u>7721 SW 62 Ave S-201</u>	<u>South Miami FL 33143</u>

**REINSTATEMENT**

02-04

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

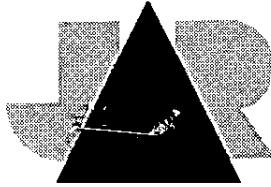
Date

2/4/04

Daytime Phone #

305-663-2568

CR2E081 (01/04)



**JORGE A. RODRIGUEZ & ASSOCIATES, P.A.**

Certified Public Accountants & Business Consultants

March 22, 2004

Secretary of State  
Florida Department of State  
R.A. Gray Building  
500 S. Bronough  
Tallahassee, FL 32399-0250

RE: Jorge A. Rodriguez & Associates, P.A.  
7721 SW 62<sup>nd</sup> Avenue, Suite 201  
South Miami, FL 33143

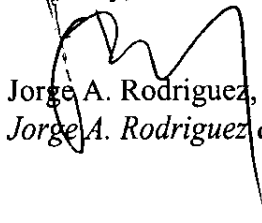
Dear sir/madam:

This letter is in response to your notice of dissolution. We kindly ask the State of Florida to reinstate Jorge A. Rodriguez & Associates, P.A. (EIN 65-0731496) at the original corporate status for the following reason:

- There was a change of address during the prior two years and we never received the Uniform Business Report (see attachment of address change). Therefore, we were unaware of the oversight in failing to pay the corporate annual filing fees.
- Subsequently, we have moved back to the prior location noted above.

We thank you in advance and appreciate your kind consideration in this matter. If you have any further questions, please contact our office at (305) 663-2568 x. 230.

Sincerely,

  
Jorge A. Rodriguez, CPA  
*Jorge A. Rodriguez & Associates, P.A.*