

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 JAN -7 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000026482**

1. Corporation Name

**LAW OFFICES OF PABLO PEREZ, P.A.**

Principal Place of Business

Mailing Address

~~2828 CORAL WAY #304~~

~~MIAMI FL 33145~~

US

~~2828 CORAL WAY #304~~

~~MIAMI FL 33145~~

US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0739156

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

33135

U.S.

33135

U.S.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEREZ, PABLO	<del>2828 CORAL WAY #304</del> 311 SW 27th Ave, 1st Fl	<del>MIAMI FL 33145</del> MIAMI, FL 33135

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\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, PABLO

~~2828 CORAL WAY #304~~

~~MIAMI FL 33145~~

Name

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

311 SW 27th Ave, 1st Floor

Suite, Apt. #, Etc.

City

State

Zip Code

MIAMI

FL

33135

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

Date

1/4/02

REGISTERED AGENT MUST SIGN

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

1/4/02

Date

305-649-8888

Daytime Phone #

CR2E040 (8/01)