

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000036715

RAMON A. ABADIN, P.A.

FILED

99 MAR 31 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7900 Bird Road
Miami, FL 33134

Mailing Address

n/a

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

REINSTATEMENT 08-09

2. New Principal Office Address, If Applicable

28 West Flagler Street
Suite, Apt. #, etc.

Suite 202

City & State

Miami, FL

Zip

33130

Country

USA

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/97

5. FEI Number

65-0754660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Abadin, Ramon A.	7900 Bird Road, Miami, FL 33134	Miami, FL 33134
		PLEASE NOTE NEW ADDRESS:	
		28 West Flagler Street, Suite 202	Miami, FL 33130

100002832331--8
-04/07/99--01079--011
****900.00 ****900.00

8. Name and Address of Current Registered Agent

B&C Corporate Services, Inc.
201 S. Biscayne Boulevard, Suite 3000
Miami, FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

By: *R. Abadin*

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAMON A. ABADIN, DIRECTOR

(305) 381-9500

Date

02/26/99

Daytime Phone #

CR2500 (7/88)