

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 8:38

SECRET OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000058951

1. Corporation Name

JORGE L. SUAREZ, P.A.

Principal Place of Business

2100 CORAL WAY, #400
MIAMI FL 33142

Mailing Address

2100 CORAL WAY, #400
MIAMI FL 33142

REINSTATEMENT 02



100009094721
11/20/02--01014--013 **\$600.00

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

07/07/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0769231

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SUAREZ, JORGE L	2050 CORAL WAY STE 401 2100 Coral Way # 400	MIAMI FL 33145
			100009094721 12/12/02--01071--016 **\$150.00
			100009094721

8. Name and Address of Current Registered Agent

SUAREZ, JORGE L
2050 CORAL WAY
SUITE 401
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2100 Coral Way # 401
Suite, Apt. #, Etc.
Suite 400
City
Miami
State
FL
Zip Code
33145

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. or 617.0505, F.S.

Signature of Registered Agent

Jorge L. Suarez
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/27/02

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:

Jorge L. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2E040 (8/02)