

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000078115

1. Corporation Name

JULIO A. PADILLA, P.A.

Principal Place of Business

Mailing Address

~~420 LINCOLN ROAD SUITE 379~~
~~MIAMI BEACH FL 33139~~

~~420 LINCOLN ROAD SUITE 379~~
~~MIAMI BEACH FL 33139~~



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

09/09/1997

Suite, Apt. #, etc.

STE 9A 407 Lincoln Rd

Suite, Apt. #, etc.

STE 9A 407 Lincoln Rd

City & State

Miami Beach Fla

City & State

Miami Beach Fla

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

5. FEI Number

65-0823371

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PADILLA, JULIO A	420 LINCOLN ROAD SUITE 379 407 Lincoln Rd Ste 9A	MIAMI BEACH FL 33139

900003039029--9
-11/03/99--01013--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PADILLA, JULIO A ESQ
420 LINCOLN ROAD SUITE 379
MIAMI BEACH FL 33139

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

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
REQUIRED
Julio Padilla

10/30/99

Date

305

538-5200

Daytime Phone #

CP220040 (9/99)