

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
FEB 13 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000080352**

1. Corporation Name

LAW OFFICES OF JORGE E. HURTADO, P. A.

**REINSTATEMENT 03-06**

CR2E081 (12/05) **FEB 15 2006**

2. Principal Office Address  
1515 UNIVERSITY DRIVE

3. Mailing Office Address  
1515 UNIVERSITY DRIVE

Suite, Apt. #, etc.  
SUITE # 211

Suite, Apt. #, etc.  
SUITE # 211

City & State  
CORAL SPRINGS, FL

City & State  
CORAL SPRINGS, FL

Zip Country  
33071 USA

Zip Country  
33071 USA

4. Date incorporated or Qualified  
To Do Business in Florida 09/15/1997

5. FEI Number  
65-0835996

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 E. HURTADO

Street Address (P.O. Box Number is Not Acceptable)  
6811 N. W. 65th TERRACE

Suite, Apt. #, Etc.

City  
PARKLAND

State Zip Code  
FL 33067

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

Date 02/09/2006

REGISTERED AGENT MUST SIGN

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
P/D	JORGE E. HURTADO	6811 NW 65th TERRACE	PARKLAND, FL 33067

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 contained in Chapter 119, 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 E. HURTADO 02/09/2006 954-777-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #