PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED BECKETARY OF STATE FOR VISION OF CORPORATIONS

00 OCT 23 PM 5: 09

DOCUMENT #

P97000086430

1. Corporation Name

JOSEPH P. KLOCK, JR., P.A.

2. New Principal Office Address, If Applicable

Country

rincipal	Place	Οī	Business

200 SOUTH BISCAYNE BLVD.

41ST FLOOR MIAMI FL 33131-2398

Suite, Apt. #, etc.

City & State

Mailing Address

200 SOUTH BISCAYNE BLVD. 41ST FLOOR

3. New Mailing Office Address, If Applicable

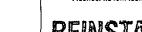
Country

MIAMI FL 33131-2398

Suite, Apt. #, etc.

City & State

Zip





If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 10/06/1997 Applied For 5. FEI Number 65-0786961 Not Applicable 6. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED

		_ <u></u>			
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 2	Street Address of Each Officer and/or Director 3	City / State / Zip		
PAS	KLOCK, JOSEPH P JR.	200 SOUTH BISCAYNE BLVD. 41ST F	MIAMI FL 33131		
SAT	DECARAN-VOIGT, GABRIEL F	200 S BISCAYNE BLVD, 41ST FLOOR	MIAMI FL 33131		
TAS	CHIROTELINE LOPEZ, IVAN R	200 S BISCAYNE BLVD 41ST FLOOR	MIAMI FL 33131		
		3	000034550639 -17/07/0001062013 ****750.00 ****750.00		
		ph 11/1	****(50.00 *****(50.00		
		V .			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		

KLOCK, JOSEPH P JR. 200 SOUTH BISCAYNE BLVD. 41ST FLOOR MIAMI FL 33131-2398

Name

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

Suite, Apt. #, Etc.

State Zip Code

10. I, being appointed the registered age

Signature of Registered Agent

corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN

lolic) w

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 to execute this application as provided for it chapter our of 617,0401. F.S. I 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.



3-2-227-5174