


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 30 2 10

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07/12/05--01031--025 **1050.00
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07/12/05--01031--026 **~~1050.00~~ SC
8.75

DOCUMENT # P98000002830

1. Corporation Name
Nicholas G. Rendon, P.A.

2. Principal Office Address 310 17th Street Suite, Apt. #, etc.		3. Mailing Office Address 310 17th Street Suite, Apt. #, etc.	
City & State Vero Beach, Florida		City & State Vero Beach, Florida	
Zip 32960	Country	Zip 32960	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/02/98

5. FEI Number 650806842
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
Nicholas G. Rendon

Street Address (P.O. Box Number is Not Acceptable)
310 17th Street

Suite, Apt. #, Etc.

City
Vero Beach

State
FL

Zip Code
32960

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 *Nicholas G. Rendon* Date 06/30/05

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/S/T/D	Nicholas G. Rendon	310 17th Street	Vero Beach, Florida 32960

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 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: *Nicholas G. Rendon* Date 06/30/05 (772) 770-4787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)