

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY -7 PM 9:03

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013930

1. Corporation Name **DR- maria A- CORDOVA AND
ASSOCIATES, INC.**

100031837521
04/05/04--01056--017 **600.00

2. Principal Office Address

11401 Pines Blvd.

Suite, Apt. #, etc.

352

City & State

Pembroke Pines FL

Zip **33026**

Country

US

3. Mailing Office Address

11401 Pines Blvd

Suite, Apt. #, etc.

352

City & State

Pembroke Pines, FL

Zip **33026**

Country

US

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/98

5. FEI Number

65-084207

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

maria A- CORDOVA

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

11401 Pines Blvd.

Suite, Apt. #, Etc.

352

City

Pembroke Pines

State

FL

Zip Code

33026

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

REGISTERED AGENT MUST SIGN

Date

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	maria A- CORDOVA	11401 Pines Blvd. # 352, P. Pines, FL 33026	
		Pembroke Pines, FL 33026	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 (954) 432-1532

Date

Daytime Phone #

CR2E061 (01/04)

Cuervo & Associates, PA
Certified Public Accountant
235 N. University Drive, Suite H
Pembroke Pines, FL 33024
Tel: (954) 966-3514
Fax: (954) 966-3515
Email: Wcuervo@cuervocpa.com

March 15, 2004

Reinstatement Division
Florida Department of State
~~Division of Corporations (Reinstatement)~~
PO Box 6327
Tallahassee, FL 32314


Ref: Request for Waiver of Reinstatement Penalty for DOC# P98000013930
Dr. Maria A. Cordova & Associates, Inc.

Dear Sir or Madam,

Following this cover letter please find the 2003 Uniform Business Report along with a check in the amount of \$600.00. Please note that the UBR report had not been received by Dr. Maria Cordova.

Hence, we respectfully request that you accept the 2003 For Profit Corporation UBR and waive the \$400.00 penalty due to not having received the initial report. We greatly appreciate your prompt and professional attention to this matter.

Very truly yours,


William Cuervo, CPA
Cuervo & Associates, PA,
CPA for Dr. Maria A. Cordova & Associates, Inc.