

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 27 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

98-07

CR2E081 (1/07)

DOCUMENT # P48000017268

1. Corporation Name

GLORIA M. VELAZQUEZ, P.A.

2. Principal Office Address - No P.O. Box #

1711 WEST 38TH PLACE

Suite, Apt. #, etc.

SUITE 1207

City & State-

HALEAH, FL

Zip

33012

Country

USA

3. Mailing Office Address

1711 WEST 38TH PLACE

Suite, Apt. #, etc.

SUITE 1207

City & State

HALEAH, FL

Zip

33012

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

2/17/98

5. FEI Number

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

GLORIA M. VELAZQUEZ

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

1711 WEST 38TH PLACE

Suite, Apt. #, Etc.

SUITE 1207

City

HALEAH

State

FL

Zip Code

33

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Date

3/20/07

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	GLORIA VELAZQUEZ	1711 WEST 38TH PLACE	HALEAH, FL 3301

500095905569
04/05/07--01043--012 **1350.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07
Date

305-362-7575
Daytime Phone #

3/30/07