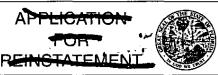
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood

> Secretary of State DIVISION OF CORPORATIONS

P98000023418 DOCUMENT

1. Corporation Name

MODESTO LOPEZ, P.A.

Principal Place of Business

Mailing Address

930 WOODCOCK ROAD, STE, 236 ORLANDO FL 32803

930 WOODCOCK ROAD, STE, 236

ORLANDO FL 32803

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED 03 OCT 13 AM 9: 43

SECRETARY OF STATE TALLAHASSEE, FLURIDA



2. New Principal Office Address, If Applicable 3. New Ma				ng Office Address, If	Applicable 13/ud	Date Incorporated or Qualified To Do Business in Florida 03/11/1998				
City & State City & State				gude 6L		5. FEI Number 59-3504076		00/11/1	Applied For Not Applicable	
Zip Country			2p 28	32829 Country		6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Add	dresses of Each Officer an	nd/or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)		<u>-</u> -		
Title(s)	Name of Officers and/or Directors				reet Address of Each ficer and/or Director		City / State / Zip			
Р	LOPEZ, MODESTO			5987-QOLDENWOOD DRIVE			ORLANDO FL 32867			
				6836 BKU	Vista Vi	+ KK				
					6836 Vista PARK BULLOSEL 3282					
						3 0 (10/13/0	DO2375 13010700	1593 16 **15	0.00	
						NOW Adher				
8. Name and Address of Current Registered Agent					9 Name and Address of New Registered Agent					
OPEZ, MODESTO 930 WOODGOCK ROAD, STE. 238 OPLANDO FL 32803 OPLANDO FL 32803 OPLANDO FL 32803					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
ORLANDO FL 32803. ORLANDO				FL 2829	City			State Zip (Dode	
10. I, being	appointed the	e registered agent of the a	bove named corpo	ration, am familiar w	ith and accept the o	bligations of Section	on 607.0505, F.S. or 6			
Signature e Registered	Agent/		REGISTERED A	ENT MUST SIGN	JIRED		Date			
. п. гсеπ⊪у	ınatı am an o	fficer or director or the rec	eiver of function cu	ipowerea to execute	this application as p	provided for in cha	pter 607 or 617, F.S. I	i lurtner certify '	ınaı wnen tiling	

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.

Modesto Lopez

930 Woodcock Road Suite 236 Orlando, FL 32803 Telephone (407) 894-8184 Fax (407) 894-8408

October 9, 22003

Division of Corporations Annual Report / Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Re: Document No. P98000023418

Modesto Lopez, P.A.

Dear Sir or Madam:

I have received your notice of Administrative Dissolution or Revocation of my corporation.

Please be aware that I did not receive your first or second notification of the Uniform Business Report.

I have always filed the reports and paid the fees on time. As a lawyer, I very well know how important it is to comply with the rules and regulations.

Since I did not receive the two previous USB notice, I am respectfully requesting that the reinstatement fee be waived. According to your instruction, I have enclosed the application for reinstatement and a check in the amount of \$150.00.

As the application shows, the mailing address for the corporation, Modesto Lopez, P.A., and the registered agent, the undersigned attorney, has changed.

I declare under penalty of perjury that the above-information is true and correct.

Thank you for your attention to this matter. Please call me if you have any questions.

Respectfully,

Modesto Lopez, President and Regitered Agent