

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025523

1. Corporation Name

Mesa & Pereira, P.A.

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

11780 SW 89 Street

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

11780 SW 89 Street

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL

Zip

33186

Country

USA

[Handwritten signature]

REINSTATEMENT

CR2E081 (10/08)

06-08

W01

4. Date Incorporated or Qualified
To Do Business in Florida

March 18, 1998

5. FEI Number

65-0820553

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

Carlos A. Mesa

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

11780 SW 89 Street

Suite, Apt. #, Etc.

Suite 201

City

Miami

State

FL

Zip Code

33186

☒ 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

[Handwritten signature]

Date 09/30/08

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
PS	Carlos A Mesa	11780 SW 89 Street, Suite 201	Miami, Florida 33186
VPT	Jorge L Pereira	11780 SW 89 Street, Suite 201	Miami, Florida 33186

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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

[Handwritten signature]

President

09/30/08

305-569-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #