


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Kenneth Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 JAN -3 AM 9: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034072

1. Corporation Name

LUIS SETIEN, P.A.

Principal Place of Business

Mailing Address

7755 JAFFA DR.  
ORLANDO FL 32835

7755 JAFFA DR.  
ORLANDO FL 32835



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

05/05/99 90024 033 @15C

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3506289

Applied For -  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	SETIEN, LUIS	7755 JAFFA DR.	ORLANDO FL 32835
DV	PINA, SARIBELLE	7755 JAFFA DR.	ORLANDO FL 32835

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SETIEN, LUIS  
7755 JAFFA DR.  
ORLANDO FL 32835

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

REQUIRED

Date 12/14/99

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/99  
Date Daytime Phone #