

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -4 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035820

1. Corporation Name

Oscar Rivero, P.A.

2. Principal Office Address

1865 Brickell Avenue
Miami, FL 33129

3. Mailing Office Address

same

Suite, Apt. #, etc.

A-2101

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33129

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/98

SP

5. FEI Number

65-0913144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-01

7. Name and Address of Current Registered Agent

Name

Oscar Rivero

300004013873-4

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

1865 Brickell Avenue, Ste. A-2101

-04/17/01--01093--008

***1050.00 ***1050.00

Suite, Apt. #, Etc.

Suite A-2101

City

Miami

State
FL

Zip Code
33129

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

Date 03/27/01

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
Pres.	Oscar Rivero	1865 Brickell Avenue, Ste. A-2101	Miami, FL 33129

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

03/27/01

Date

(305) 446-3244

Daytime Phone #

CR2E081 (9/00)