

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -9 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000036521

1. Corporation Name

A. DUARTE, INC.

2. Principal Office Address

2525 SW 27th Ave

Suite, Apt. #, etc.

300 B

City & State

MIAMI, FLA

Zip

33133

Country

U.S.A.

3. Mailing Office Address

2525 SW 27th Ave

Suite, Apt. #, etc.

300 B

City & State

MIAMI, FLA

Zip

33133

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/22/1998

5. FEI Number

65-0829134

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

Raymond J. Zomerfeld, CPA

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

999 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

SUITE # 1045

City

CORAL GABLES

State

FL

Zip Code

33134

400048991484
03/23/05--01034--012 **60.00

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]
REGISTERED AGENT MUST SIGN

Date

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	AGUSTIN DUARTE	841 WALLACE STREET	CORAL GABLES, FL 33134

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

Date

Daytime Phone #

3-7-05, 305 8608370

CR2E081 (01/05)



**OCARIZ, GITLIN
& ZOMERFELD, LLP**
CERTIFIED PUBLIC ACCOUNTANTS

March 7th, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: A. Duarte, Inc.
EIN# 65-0829134
Document# P98000036521

The above named taxpayer was administratively dissolved on October 4th, 2002. Our client has not received annual reports since 2002. For this reason we ask you to consider waiving any late fees.

Enclosed please find a reinstatement form along with a check for \$600.00 covering the filing fees for the years 2002, 2003, 2004 and 2005.

Please update your records accordingly and reinstate the above taxpayer.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Cossette Fernandez-Larrea
For the firm

CFL/file

Encl.

999 Ponce de Leon Blvd.
Suite 1045
Coral Gables, FL 33134
Tel 305.444.8288
Fax 305.444.8280
www.ogz-cpa.com

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED
ENVELOPE.**

Members of:

American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
National Association of
Certified Valuation Analysts