

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000036617

1. Corporation Name

PASOS DEL RIO INCORPORATED

Principal Place of Business

Mailing Address

916 SW 67 AVE
MIAMI FL 33144916 SW 67 AVE
MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

04/22/1998

5. FEI Number

65-0836299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DEL RIO, FRANKLIN	9210 SW 11TH ST	MIAMI FL 33174
VP	GUILLENO, DELRIO	13386 SW 52ND ST.	MIAMI FL 33175
S	DEL RICO, JUAN MD	3191 SW 132 PL	MIAMI FL 33175
S	DEL RICO, ROBERTO	218 SUMMERFIELD CIR.	GROVETOWN GA 30813
SH	ESPINOSA, ROBERTO MD	4949 W. MORSE	SKOKIE IL 60067
T	DEL RIO, MARIO	3192 SW 132RD PL	MIAMI FL 33175

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEL RIO, FRANKLIN DDS
916 SW 67 AVE
MIAMI FL 33144

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-27-01

11. I certify that I am an officer or director or the receiver or trustee empowered to
this reinstatement application, the reason for dissolution has been eliminated
owed by the corporation have been paid and the names of individuals listed
on this application is true and accurate, and my signature shall have the sameeffect as this application as provided for in chapter 607 or 617, F.S. I further certify that when filing
the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees
in this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated
legal effect as I made under oath.

SIGNATURE

FRANKLIN DEL RIO

4-27-01

Daytime Phone #

B2al2

Del Rio and Associates P. A.

Franklin & Guillermo Del Rio DDS
Temporomandibular Disorders
916 S.W. 67th Ave.
Miami FL 33144

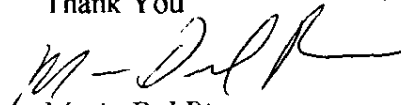
Phone (305) 266-4071
Fax (305) 266-4149

April 6, 2001

To whom it may concern:

Please disregard all penalties for paper were never received.

Thank You


Mario Del Rio