PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR







DOCUMENT # P98000045053

1. Corporation Name

G. WALTER ARAUJO, P.A.

Principal Place of Business

Mailing Address

-IZQUIERDO LAW BUILDING 102 EAST 49TH STREET HIALEAH FL 33013 -120UIERDO LAW BUILDING 102 EAST 49TH STREET HIALEAH FL 33013

NOTION, REQUIRED INDICATOR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

00 NOV -6 PH 3: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



If above a	ddresses are incorrect in any way, line thr	ough incorrect in	formation a	nd enter correction below.			
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable					Date Incorporated or Qualified To Do Business in Florida OF (40 (4000))		
LAW BUILDING LAW			BUILDING		16 Do Business in Florida		9/1998
Suite, Apt.		Suite, Apt. #,	AST L	19 STREET	5. FEI Numbe	ır	Applied For
City & State	EAST 49 STILLET	City & State	<u> </u>	11 211-00.	≠ ~~~ ~ ~~~	65-0892320	Not Applicable
HIALEAN FL NIALE			łн F	1	6.	40.75	
2ip 33013 Country 3301			S Country U.S.A.		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	or Director (Flor	ida nonprof	fit corporations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors			Street Address of Eac Officer and/or Direct		City / State / Zip	
PD	ARAUJO, GERMAN W		102 EAS	T 49TH STREET		HIALEAH FL 33013	į
SD	PEREZ, MIRELLA P		102 E 49	9 ST		HIALEAH FL 33013	
					9	00003473	1795
•						-11/21/000 ****150.00	1097002 ****150.00
		···		- APA-7			
· · · · · · ·							
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			ent
				Name			
ARAII	JO, GERMAN W						
102 EAST 49TH STREET				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33013				Suite, Apt. #, E	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
	A			City		FL.	Zip Code
10. I, bein	g appointed the registered age of the ab	ove named corpo	oration, am	familiar with and accept the	obligations of Sec	tion 607.0505, F.S.	
Signature of Registered Agent MISIAMOURE R				EQUIRED		Date 11/2/00	
		EGISTERED AG	ENT MUST	SIGN			
this rei	y that I am an officer or director or the face instatement application, the reason for dis- by the corporation have been paid and the application is true and accurate, and my s	solution has been names of individ	eliminated luals listed	, the corporate name satisfion on this form do not qualify f	es the requirement or an exemption u	ts of section 607.0401 or 617.040	1, F.S., that all fees
		1					KE

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LAW OFFICES OF G. WALTER ARAUJO, P. A.

102 EAST 49 STREET, HIALEAH, FLORIDA 33013

OFFICE (305) 231-9281 FAX (305) 826-1119

November 2nd, 2000

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

RE: G. Walter Araujo, P.A.'s Application for Reinstatement.

Dear Sir/Madam:

Enclosed with this letter please find my company's Application for Reinstatement and a check for \$150.00. I am writing this letter in an effort to explain why this filing is late and to request a reprieve from the additional fines for this late filing.

After my timely filing of the 1999 Annual Report, I hired a part-time bookkeeper to handle all of my business financial matters. Among other things, her responsibilities included filing the 2000 Annual Report in a timely fashion and as is now evident, this was not done. Although I have the ultimate responsibility for all of the areas of my business, I am asking that you please grant me a pardon from the \$600.00 additional penalty that I have been imposed.

Should you have any questions, comments or need further verification of the contents of this letter, please feel free to contact me.

Sincerely.

G. Walter Araujo, Esq.

Enclosure