

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 14 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98000053262**

1. Corporation Name

Valentin Lopez, P.A.

2. Principal Office Address

815 N.W. 57 AVENUE

Suite, Apt. #, etc.

Suite 125

City & State

MIAMI FL

Zip

33126

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/98

5. FEI Number

65-0900737

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

Valentin Lopez

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

815 N.W. 57 AVENUE

Suite, Apt. #, Etc.

Suite 125

City

MIAMI

State

FL

Zip Code

33126

500003349525-5

08/08/00-01073-009

*****900.00 ***800.00**

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.

Valentin Lopez

REGISTERED AGENT MUST SIGN

Date **7/13/00**

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	Valentin Lopez	815 N.W. 57 Ave, Suite 125	MIAMI, FL. 33126

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:

Valentin Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00

Date

(305) 266-8580

Daytime Phone #