

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053262

Corporation Name

VALENTIN LOPEZ, P.A.

FILED

07 JAN 22 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700086471447
01/30/07--01005--001 **450.00

CR2E081 (8/05)

1. Principal Office Address 2600 Douglas Rd. Suite 811 Coral Gables, FL 33134 USA		3. Mailing Office Address 2600 Douglas Rd. Suite 811 Coral Gables, FL 33134 USA	
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4. Date incorporated or Qualified To Do Business in Florida 6-15-98	5. FEI Number 650900737	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$275 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) 2600 Douglas Road		
Suite, Apt. #, Etc. Suite 811		
City Coral Gables	State FL	Zip Code 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

V. Lopez

Date

1/4/7

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Valentin LOPEZ	2600 Douglas Rd #811	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)(f), 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:

V. Lopez Valentin LOPEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/7

Daytime Phone #

3)444-6030

jc 1/24

ATTACHMENT

2082

January 5, 2007

P 98000053262

Florida Department of State
Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

RE: P98000053262

To Whom It May Concern:

I have recently become aware that my corporation is inactive.
I moved and never received my reminder. I am enclosing my
current address and 3 payments to activate my corporation again.

Please update my corporation at your earliest convenience and
Happy New Year.

Sincerely,

V. Lopez
Valentin Lopez

*2005, 2006
are the years
I didn't
receive.*

*enclosed is
payment for
2005, 2006
& 2007*