

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 22 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000061104**

**1. Corporation Name**

**Mario E. Rodriguez CPA PA**  
**P.O. Box 1846**  
**Key West FL 33041**

**2. Principal Office Address**

**P.O. Box 1846**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**P.O. Box 1846**

Suite, Apt. #, etc.

**City & State**

**Key West FL**

**Zip**

**33041**

**Country**

**U.S.**

**City & State**

**Key West**

**Zip**

**33041**

**Country**

**U.S.**

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

**7/9/98**

**5. FEI Number**

**59-3520080**

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**

**Mario E. Rodriguez**

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

**17282 Cobia CT**

Suite, Apt. #, Etc.

**City**

**Sugarloaf Key**

**State**

**FL**

**Zip Code**

**33042**

**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

**Mario E. Rodriguez**  
REGISTERED AGENT MUST SIGN

Date

**5/11/03**

**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	Mario E. Rodriguez	17282 Cobia CT	Sugarloaf Key FL 33042
S	MaryBeth Rodriguez	17282 Cobia CT	Sugarloaf Key FL 33042

**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:**

**Mario E. Rodriguez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


**5/11/03 (305) 292-2043**

Daytime Phone #

CR2E081 (10/02)

5/11/03

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P98000061104</b>	
1. Entity Name <b>Mano E. Rodriguez CPA PA</b>	

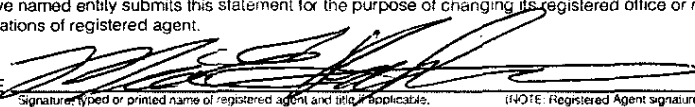
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2. Principal Place of Business <b>P.O. Box 1846</b>	3. Mailing Address <b>P.O. Box 1846</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Key West FL</b>	City & State <b>Key West FL</b>
Zip <b>33041</b>	Zip <b>33041</b>
Country <b>US</b>	Country <b>US</b>

DO NOT WRITE IN THIS SPACE

<p align="center"><b>DO NOT WRITE IN THIS SPACE</b></p>	<table border="1" style="width:100%"> <tr> <td>4. FEI Number <b>59-3520080</b></td> <td>Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td> </tr> <tr> <td colspan="2">7. Name and Address of Current Registered Agent</td> </tr> <tr> <td colspan="2">Name <b>Mano E. Rodriguez</b></td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) <b>17282 cobia ct</b></td> </tr> <tr> <td>City <b>Sugarloaf Key</b></td> <td>FL Zip Code <b>33042</b></td> </tr> </table>	4. FEI Number <b>59-3520080</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		7. Name and Address of Current Registered Agent		Name <b>Mano E. Rodriguez</b>		Street Address (P.O. Box Number is Not Acceptable) <b>17282 cobia ct</b>		City <b>Sugarloaf Key</b>	FL Zip Code <b>33042</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<table border="1" style="width:100%"> <tr> <td>TITLE <b>President</b></td> <td>NAME <b>Mario E. Rodriguez</b></td> </tr> <tr> <td colspan="2">STREET ADDRESS <b>17282 cobia ct</b></td> </tr> <tr> <td colspan="2">CITY-ST-ZIP <b>Sugarloaf Key FL 33042</b></td> </tr> </table>	TITLE <b>President</b>	NAME <b>Mario E. Rodriguez</b>	STREET ADDRESS <b>17282 cobia ct</b>		CITY-ST-ZIP <b>Sugarloaf Key FL 33042</b>		<table border="1" style="width:100%"> <tr> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> </tr> <tr> <td colspan="2">CITY-ST-ZIP</td> </tr> </table>	TITLE	NAME	STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/03 (305)292-2043**  
DATE TELEPHONE

CR2E034B (12/02)

*gr 5/25*

# Mario E. Rodriguez, CPA, P.A.

*Member American Institute of Certified Public Accountants  
and Florida Institute of Certified Public Accountants*

P.O. Box 1846  
Key West, Florida 33041  
RodriguezCPA1@cs.com

Telephone (305) 292-2043  
Cellular (305) 924-2468  
Fax (305) 744-9714

May 11, 2003

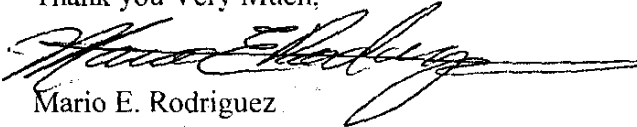
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir / Madam:

Recently I realized that I had not received or paid my UBR fee for 2003, I called the Division of Corporations and was made aware that the 2002 fee had not been paid. I had not received a UBR for 2002 or 2003 due to my relocation in November of 2001. I thought that I had sent a change of address to all my vendors and licensing agencies but must have missed the Department of State. I was told by the agent that I spoke to at the Department of State to request that the reinstatement fee be waived due to this oversight and send in a reinstatement form and a UBR for 2003 with the \$300 fee for both Years.

I have enclosed a reinstatement form and UBR with my updated address and phone number. I hope this will bring me to a current status for future filings. If you need to contact me please due at the phone number on report.

Thank you Very Much,

  
Mario E. Rodriguez