

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY -7 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P98000063063

1. Corporation Name

SANDRA VELEZ-FELFLE, P.A.

2. Principal Office Address

2565 SW 27TH AVENUE

3. Mailing Office Address

2565 SW 27TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 7/17/1998

5. FEI Number

65-0853151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See instructions on back of form for details.

7. Name and Address of Current Registered Agent

Name

SANDRA VELEZ-FELFLE

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

2565 SW 27TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33133

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

Sandra Velez-Felfle

REGISTERED AGENT MUST SIGN

Date *04-30-04*

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
D	SANDRA VELEZ-FELFLE	3059 MATILDA STREET	MIAMI, FL 33133

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: X

Sandra Velez-Felfle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

04-30-04

305-858-9577

Francis M. Switzer
Certified Public Accountant

Telephone: 305-668-8566
Fax: 305-665-8060
frswitzer@worldnet.att.net

April 30, 2004

Gables Waterway Executive Center
1390 South Dixie Highway, Suite 1108
Coral Gables, Florida 33146

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

Subject: Sandra Velez-Felfle, P.A.
Doc#: P98000063063
FEIN: 65-0853151
FORM: UBR FOR 2001, 2002, 2003, and 2004

Gentlemen:

Enclosed are the corporation reinstatement form and a check for \$600.00 for the above corporation.

While the filing was due by May 1, 2001, the taxpayer would appreciate your abating the reinstatement fee.

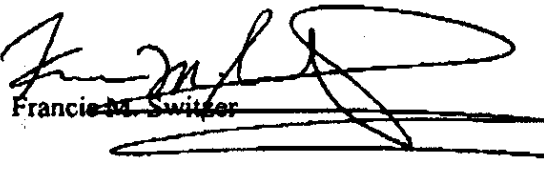
The taxpayer moved three times subsequent to December 31, 2000. As a result, the Uniform Business Report form was not received in each of these years.

The taxpayer would appreciate your consideration and accepting the above check to enable reinstatement through 2004.

Thank you for your cooperation.

Should you have any questions please contact the taxpayer.

Very truly yours,


Francis M. Switzer