

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000063411

1. Corporation Name

ANTONIO R. ZAMORA, P.A.

Principal Place of Business

Mailing Address

~~201 S. BISCAYNE BOULEVARD, SUITE 2500~~
~~MIAMI FL 33131~~

~~201 S. BISCAYNE BOULEVARD, SUITE 2500~~
~~MIAMI FL 33131~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1408 BRICKELL BAY DRIVE
Suite, Apt. #, etc.
Ste. 1211

3. New Mailing Office Address, If Applicable

1408 BRICKELL BAY DR.
Suite, Apt. #, etc.
Ste. 1211

City & State
MIAMI, FLA.

City & State
MIAMI, FL.

Zip 33131 Country MIAMI GAD

Zip 33131 Country MIAMI GAD

REINSTATEMENT

07/12/1998

5. FEI Number

59-2782169

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D+P	ZAMORA, ANTONIO R	201 S. BISCAYNE BOULEVARD, SUITE	MIAMI FL 33131
T+S	NELLY ZAMORA	1408 BRICKELL BAY DR.	MIAMI, FL 33131

600003456496--7
-11/07/00--01140--023
****750.00 ****750.00

1031

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZAMORA, ANTONIO R ESQUIRE
201 S. BISCAYNE BOULEVARD, SUITE 2500
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10/17/00

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO ZAMORA Director/PRESIDENT

10/17/00

Date

(305) 710-0406

Daytime Phone #