

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 APR 23 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000068299

1. Corporation Name

JAIME R. QUEZON, P.A.

REINSTATEMENT 08-10

900177299159
04/23/10--01053--018 **450.00
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

805 W. AZEELE ST

Suite, Apt. #, etc.

3. Mailing Office Address

805 W. AZEELE ST

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/1998

5. FEI Number

582410589

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

JAIME R. QUEZON

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

805 W. AZEELE ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jaime R. Quezon

Date 4-20-10

REGISTERED AGENT MUST SIGN

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	JAIME R. QUEZON	805 W. AZEELE ST	TAMPA/FL/33606

10. E-mail Address: RJQUEZON@JAWLAW.NET

(To be used for future annual report notification)

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. I further certify, 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:

Jaime R. Quezon JAIME R. QUEZON

4-20-10

Date

813
2206748

Daytime Phone #

4/26/10