

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 17 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000084845

1. Corporation Name

Ralph Aguirre & Associates

2. Principal Office Address

1601 North Palm Ave.

Suite, Apt. #, etc.

309C

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

3. Mailing Office Address

1601 North Palm Ave.

Suite, Apt. #, etc.

309C

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

REINSTATEMENT

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

10/2/1998

5. FEI Number

65-0873158

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

Ralph Aguirre

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

1601 North Palm Ave.

Suite, Apt. #, Etc.

309C

City

Pembroke Pines

000030591850

03/16/04 01110 024 ***456.00

State

FL

Zip Code

33026

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

Date

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 |
|--------|--------------------------------------|---|--------------------------|
| D.P. | Ralph Aguirre | 1601 North Palm Ave. #309C | Pembroke Pines, FL 33026 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-04

951 430
5855

CR2E061 (01/04)

Michael S. Jaffee, CPA, P.A.

Certified Public Accountant

March 11, 2004

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

Re: Ralph Aguirre & Associates, Inc.
EIN: 65-0873158
Doc#: P98000084845

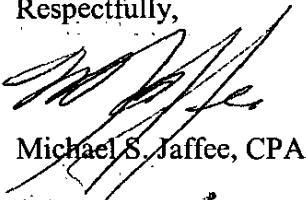
Dear Ma'm:

Pursuant to a conversation I had this afternoon with a representative of the Department of State, I am enclosing a check in the amount of \$ 450 to kindly be credited to the 2002, 2003 and 2004 UBR for the above referenced corporation.

Neither the corporation nor any of its representatives received the pre-printed form from the State. I believe the cause of this is the result the State does not have the correct mailing address for Ralph Aguirre & Associates, Inc. I have made the necessary corrections on the enclosed UBR Form.

Thank you in advance for your understanding.

Respectfully,



Michael S. Jaffee, CPA

Thank you to the State for the UBR Form.

Corrections on the enclosed UBR Form

and/or request for the UBR Form. I have made the necessary corrections on the enclosed UBR Form. I have made the necessary corrections on the enclosed UBR Form. I have made the necessary corrections on the enclosed UBR Form.