

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 18 PM 4:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000106378

1. Corporation Name

Roberto O. Rodriguez, P.A.

2. Principal Office Address

1067 W. Hwy 50
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Same

Zip

34711

Country

USA

Zip

Same

Country

USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3548219

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

Roberto O. Rodriguez

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

1067 W. Hwy 50

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Roberto Rodriguez
REGISTERED AGENT MUST SIGN

Date

1/10/05

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	Rodriguez, Roberto	1067 W. Hwy 50	Clermont, FL 34711

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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

Roberto Rodriguez

Date

1/10/05 (352) 394-2202

Daytime Phone #

CR2E081 (01/05)