

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAY 16 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026371

1. Corporation Name

CANTERA & CO. P.A.

2. Principal Office Address

1762 Coral Way

Suite, Apt. #, etc.

3. Mailing Office Address

1762 Coral Way

Suite, Apt. #, etc.

City & State

Miami, FL 33145

City & State

Miami, FL 33145

Zip

33145

Country

USA

Zip

33145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1999

5. FEI Number

680904654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eduardo Cantera, Esq.

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

1762 Coral Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date 05-15-2002

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
PSD	Eduardo Cantera, Esq.	1762 Coral Way	Miami, FL 33145

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

05-15-2002 305-442-4343

Date

Daytime Phone #

Charter Number Only

VALIDATION ONLY

5/15/02

Cantera & Company PA

Requestor's Name

1762 Coral Way

Address

Miami, FL 33145

City

State

ZIP

Phone

CORPORATION(S) NAME

Cantera & Co. P.A.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

RECEIVED
02 MAY 16 AM 11:12
DIVISION OF CORPORATIONS