PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 19 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400060953984
10/26/05--01049--015 **900.00

REINSTATEMENT CR2E081(8/05) 04-05

DOCUMENT # P99000038326

1. Corporation Name
The Law Offices of Alejandro Zaldivar, P.A.

2. Principal Office Address	3. Mailing Office Address
1241 S.W. 27th Ave	1241 S.W. 27th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33135 Country: U.S.	Zip: 33135 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 04/28/99

5. FEI Number: 650915783 ☐ 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: Mr. Alejandro Zaldivar
Street Address (P.O. Box Number is Not Acceptable): 1241 S.W. 27th Avenue
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33135

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: Alejandro Zaldivar
REGISTERED AGENT MUST SIGN
Date: 10/14/2005

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
DP	Alejandro Zaldivar	9631 S.W. 77th Ave #108	Miami, FL 33156

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: Alejandro Zaldivar 10/14/2005 305 541-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #