PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069725

1. Corporation Name

MARIA DEL CARMEN LOPEZ, P.A.

Principal Place of Business	Mailing Address
8360 SW 90TH STREET MIAMI FL 33156	8360 SW 90TH STREET MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/05/1999

5. FEI Number: 65-0992179 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LOPEZ, MARIA DEL	6360 SW 90T STREET	MIAMI FL 33156

800023802468
10/15/03--01015--017 **158.75

8. Name and Address of Current Registered Agent

DEL CARMEN LOPEZ, MARIA
8360 SW 90TH STREET
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Maria del Carmen Lopez, President Date: 10/9/03
REGISTERED AGENT MUST SIGN

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 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: Maria del Carmen Lopez, President 10/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 9, 2003

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

RE: Document # P99000069725
Maria del Carmen Lopez, P.A.
FEI # 65-0992179

To whom it may concern,

Attached is completed Application for Reinstatement Form and corresponding check payment in the amount of $150.00.

This being the first notice received in this respect.

Sincerely,

Maria del Carmen Lopez, P.A. - President

Maria del Carmen Lopez, P. A.
8360 S.W. 90 Street
Miami, Fl 33156