

2004 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

04 DEC -6 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11222004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0948488 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P99000082603

1. Entity Name
EDUARDO RAMIREZ, D.C., P.A.



Principal Place of Business Mailing Address
~~2500 SW 107 AVENUE~~ ~~2500 SW 107 AVENUE~~
~~SUITE 25~~ ~~SUITE 25~~
~~MIAMI, FL 33165~~ ~~MIAMI, FL 33165~~

2. Principal Place of Business 3. Mailing Address
13800 S.W. 8TH STREET 13800 S.W. 8TH STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 210 SUITE 210
City & State City & State
MIAMI, FL MIAMI, FL
Zip Country Zip Country
33184 33184-3032

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RAMIREZ, MANUEL J 1200 BRICKELL AVENUE SUITE 1440 MIAMI, FL 33131
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PO	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMIREZ, EDUARDO			NAME			
STREET ADDRESS	2500 SW 107 AVE. SUITE 25			STREET ADDRESS	13800 S.W. 8 TH STREET SUITE 210		
CITY-ST-ZIP	MIAMI, FL 33165			CITY-ST-ZIP	MIAMI, FL 33184-3032		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	200043301952		
STREET ADDRESS				STREET ADDRESS	12/09/04--01034--014 **150.00		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: EDUARDO RAMIREZ, D.C., P.A. 12-1-04 395-4709062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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November 12, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

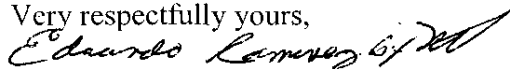
Dear Ms Hood:

Enclosed please see check in the amount of \$150.00 to cover my 2004 Annual Report; I never received the forms to file even thou I requested them; lately I moved and maybe your form was never forwarded even thou my mail was supposed to be sent to my new address.

Please do take this into consideration as it was impossible for me to fill out the necessary forms which I never received.

Thank you very much for your help and understanding in this matter.

Very respectfully yours,



Eduardo Ramirez D.C.P.A.
13800 S.W. 8th Street
Suite 210
Miami, Florida 33184-3032