

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 31 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0 0008 2615

1. Corporation Name
Pedro Ivonnet, O.D., P.A.

2. Principal Office Address
11244 N. W. 46 Lane

3. Mailing Office Address
11244 N. W. 46 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33178 Miami-Dade

Zip Country
33178 Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida 09/13/99

5. FEI Number
65-0950191

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
Pedro Ivonnet

Street Address (P.O. Box Number is Not Acceptable)
11244 N. W. 46 Lane

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33178

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 x Pedro Ivonnet

Date x 1-26-05

REGISTERED AGENT MUST SIGN

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/D | Pedro Ivonnet | 11244 N. W. 46 Lane | Miami, Florida 33178 |
| | | | |
| | | | |
| | | | |
| | | | |

400046289504
02/10/05--01006--011 **600.00

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: x Pedro Ivonnet Pedro Ivonnet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-26-05

Date

786-417-2317

Daytime Phone #

CR2E081 (01/05)

Binstock Rubin Ellzey and Company P.A.

CERTIFIED PUBLIC ACCOUNTANTS

January 21, 2005

ALEX S. BINSTOCK • CPA
RONALD E. RUBIN • CPA
RANDALL C. ELLZEY • CPA

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement Division
Pedro Ivonnet, O.D., P.A.
P99000082615

Dear Sirs/Madame,

We are writing on behalf of the above mentioned corporation and are requesting a waiver of penalty. The corporate offices and mailing office had changed and the officer did not receive the annual reports for filing. Our office first became aware of this situation at this date as we were completing all their tax filings and as part of the process we download the annual reports for timely filing.

Enclosed is the Corporate Reinstatement along with a check in the amount of \$600.00 (2002, 2003, 2004, and 2005).

Your consideration and cooperation would be greatly appreciated.

Thank you,



Alex S. Binstock, C.P.A.

ASB:lz
Enclosures

ONE DATRAN CENTER • 9100 SOUTH DADELAND BOULEVARD • SUITE 901
MIAMI, FLORIDA 33156-7815 • TEL (305) 670-1984 • FAX (305) 670-2001

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