

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000093983

1. Corporation Name

LOURDES ALEMAN-DIAZ L.M. H.C., P.A.

Principal Place of Business

3899 NW 7TH STREET
STE 204-B
MIAMI FL 33126

Mailing Address

3899 NW 7TH STREET
STE 204-B
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/1999

5. FEI Number

65-0965560

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPVT	ALEMAN-DIAZ, LOURDES	17309 SW 8 STREET	PEMBROKE PINES FL 33029

6000008812546

11/05/02--01103--008 **150.00

8. Name and Address of Current Registered Agent

FICUERDA, JUAN A CPA
CITY NATIONAL BANK BUILDING
2701 LE JEUNE RD STE 310
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name LOURDES ALEMAN DIAZ
Street Address (P.O. Box Number is Not Acceptable)
18590 N.W. 67 AVE.
Suite, Apt. #, Etc. SUITE 202
City MIAMI State FL Zip Code 33015

CR2E040 (8/02)

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

(X) SIGNATURE REQUIRED
LOURDES ALEMAN-DIAZ L.M.H.C.
REGISTERED AGENT MUST SIGN

Date 10-29-02

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:

(X) SIGNATURE REQUIRED
LOURDES ALEMAN-DIAZ L.M.H.C.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02 (305) 644-0622

Date Daytime Phone #

2 of 2

**Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327**

October 29, 2002

**Re:Reinstating the Corporation of
Lourdes Aleman-Diaz L.M.H.C., P.A.
#P99000093983 FEI#65-0965560**

Gentlemen:

**In reference to the above mentioned corporation this is a petition to
reinstate the same since we never received the two prior uniform
business report notices. To that end we are including check #1194 for
\$150.00. Please also note that the new current registered agent and
address is as follows:**

**LOURDES ALEMAN-DIAZ
18590 N.W. 67 AVE. STE 202
MIAMI, FL. 33015**

Thanking you in advance for your kind cooperation,

Sincerely,


Lourdes Aleman-Diaz, President