

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000108232

1. Corporation Name

JOSE MARTINEZ PROFESSIONAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5280 N.W. 55 BLVD.,#104
COCONUT CREEK FL 33073

5280 N.W. 55 BLVD.,#104
COCONUT CREEK FL 33073

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

12/13/1999

5. FEI Number

65-0972003

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



04/02/04 01018 008 300.00

FILED
04 AUG 20 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
D	MARTINEZ, JOSE	5280 N.W. 55 BLVD.,#104	COCONUT CREEK FL 33073
			200040780832 09/02/04--01041--008 **\$600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, JOSE
5280 N.W. 55 BLVD.,#104
COCONUT CREEK FL 33073

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

8/18/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)
8/18/04 422-1223

CR2E040 (7/03)