

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S08359**

1. Corporation Name
MARIBEL BONILLA, P.A

2. Principal Office Address - No P.O. Box #

300 ARAGON AVE

Suite, Apt. #, etc.

SUITE 310

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

3. Mailing Office Address

300 ARAGON AVE

Suite, Apt. #, etc.

SUITE 310

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-1990

5. FEI Number

650221525

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

MARIBEL BONILLA,

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

300 ARAGON AVE

Suite, Apt. #, Etc.

Suite 310

City

CORAL GABLES

State

FL

Zip Code

33134

300238538819
08/15/12--01021--002 **3000.00

B. 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

M Bonilla

Date **8/14/2012**

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
President	MARIBEL BONILLA	300 ARAGON AVE	CORAL GABLES, FL 33134
		AUG 15 2012	
		T. SCOTT	
		AUG 14 2012	
		REINSTATEMENT 9-12	
		T. SCOTT	

10. E-mail Address: **BONILLAESQ@AOL.COM**

(To be used for future annual report notification)

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. I further certify 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:

M Bonilla

Date **8/14/2012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **38588-7374**