

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 JAN 29 PH 4: 15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S59089**

1. Corporation Name

Manguart & Gomez, P.A.

Principal Place of Business

Mailing Address

**1428 Brickell Avenue
 Main Floor
 Miami, FL 33131**

same

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6/11/91	
City & State		City & State		5. FEI Number	
Zip		Country		65-0267396	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Julio E. Manguart	1428 Brickell Avenue Main Floor	Miami, FL 33131

600002416666--6

REINSTATEMENT 07-200
1/28/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Julio E. Manguart
 1428 Brickell Avenue
 Main Floor
 Miami, FL 33131**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent

Julio E. Manguart

REGISTERED AGENT MUST SIGN

Date 1/28/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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:

Julio E. Manguart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98
 Date

(305) 372-8889
 Daytime Phone #

CPRE000 (12/96)

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1-11-98



ACCOUNT NO. : 072100000032

REFERENCE :
AUTHORIZATION : Patricia Pizant
COST LIMIT : \$ 900.00

ORDER DATE : 1-29-98
ORDER TIME :
ORDER NO. : 686968-5
CUSTOMER NO:

01 JUN 29 01 19
CSC THE UNITED STATES CORPORATION

NAME: Mangvart + Gomez, P.A.

Please file the attached registration, of the ~~fictitious name~~ shown above and return the document(s) indicated below:

- Certified Copy
- Plain Stamped Copy
- Certificate of Status

CONTACT PERSON: Chris Smith

EXAMINER'S INITIALS: _____