PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -9 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60610**

1 Corporation Name

ALAN F. GONZALEZ, P.A.

Principal Place of Business	Mailing Address
~~SUITE 1250~~ Suite 300 ~~100 S. ASHLEY DR.~~ 1602 W. Sligh Av. ~~TAMPA FL 33602~~ Tampa, Fl 33604	~~4719 FOXSHIRE CIRCLE~~ ~~100 S. ASHLEY DR.~~ ~~TAMPA FL 33624~~ ~~US~~

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

REINSTATEMENT 9/26

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1602 W. Sligh Ave.	1602 W. Sligh Ave
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: 300
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33604 Country: Hillsborough	Zip: 33604 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 08/28/1992

5. FEI Number: 59-3139472 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P	GONZALEZ, ALAN F.	~~100 S. ASHLEY DR~~ 1602 W. Sligh Ave. Ste. 300 Tampa, Fl 33604	TAMPA FL
			400002026324--6 -12/11/96--01068--022 ****375.00 ****375.00
			DB 12-9-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GONZALEZ, ALAN F. ~~100 S. ASHLEY DR~~ 1602 W. Sligh Ave. ~~SUITE 1250~~ Suite 300 ~~TAMPA FL 33602~~ Tampa, Fl 33604	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

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: Alan F. Gonzalez SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 9/26/96

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)(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: Alan F. Gonzalez SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN F. GONZALEZ

9/26/96 — Date

813-935-2552 — Daytime Phone #

0074829 AF