

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT: 1770510

1. Corporation Name

Law Offices Of Paula S. D' Aguilar, P.A. 4306 W. Broward Blvd Ste A Plantation Florida 33317

2. Principal Office Address
same

3. Mailing Office Address
same

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
Plantation

City & State
Florida

Zip
33317

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 10-13-1992

5. FEI Number
650366265

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Paula S. D' Aguilar

Street Address (P.O. Box Number is Not Acceptable)
4306 W. Broward Blvd

Suite, Apt. #, Etc.
Suite A

City
Plantation

State
FL

Zip Code
33317

8. 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

PSD Aguilar

Date

6-20-06

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
PD	Paula S. D' Aguilar	4306 W Broward Blvd	Plantation, FL 33317
		\$76/28	
		100077096771	
		07/01/06--01061--019 **2100.00	
		RESTATEMENT 97-04	

10. 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 contained in Chapter 119, 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:

PSD Aguilar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-18-2006

Daytime Phone #

954-583-3805