

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # F97000003439**

1. Corporation Name

**OLYMPUS MANAGED HEALTH CARE, INC.**

Principal Place of Business

**777 BRICKELL AVE.  
MIAMI FL 33131**

Mailing Address

**777 BRICKELL AVE.  
MIAMI FL 33131**

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

**07/01/1997**

5. FEI Number

**65-0749835**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
CD	RUBIN, DONALD	115 FIFTH AVE.	NEW YORK NY 10013
VS	MEYER, SIDNEY L	115 FIFTH AVE.	NEW YORK NY 10013
			000002786360-4 -02/24/99-01110-005 ****214.25 ****214.25
			000002786360-4 -02/24/99-01110-006 *****88.75 *****88.75
			000002786360-4 -02/24/99-01110-007 ****600.00 ****600.00
			000002786360-4 -02/24/99-01110-008 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name  
**BLUMBERG EXCELSTOR CORPORATE SERVICES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4435 OLD WINTER GARDEN RD**  
Suite, Apt. #, Etc.

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32802**

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

*[Signature]* Date **2/1/99**  
*More D. Muel* *APPROVED AGENT MUST SIGN* *Blumberg Excelstor Corporate Services, Inc.*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/99*

Daytime Phone #

CR32040 (9/98)