

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



97-98 AR  
FLORIDA DEPARTMENT OF STATE  
Sandra J. Northman  
Secretary of State  
DIVISION OF CORPORATIONS

PS 1

FILED

98 JUN -9 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 95000042714

1. Corporation Name

Complete Health Systems Corp

Principal Place of Business

Mailing Address

6303 Blue Lagoon Drive  
Suite 310  
Miami, FL 33126

800002560808--6

-06/16/98--01064--006

\*\*\*315.00 \*\*\*315.00

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

6/10/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0592871

Not Applicable

Zip

Country

Zip

Country

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
President	Henry Anthony Rodrigues	6303 Blue Lagoon Drive Ste 310	Miami, Florida 33126
V-Pres	Linette Rodrigues	6303 Blue Lagoon Drive Ste 310	Miami, Florida 33126

6/11 2 pages  
TS 97-98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Linette Rodrigues  
14331 SW 22 St, Apt 101  
Miami, FL 33145

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Linette Rodrigues

REGISTERED AGENT MUST SIGN

Date 5/26/98

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:

Linette Rodrigues Linette Rodrigues  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/26/98 (305) 262-0223

PG 2

COMPLETE HEALTH MANAGEMENT CORP  
6303 BLUE LAGOON DRIVE  
SUITE 310  
MIAMI, FLORIDA 33126

TO: DEPARTMENT OF REINSTATEMENT

FROM: LINETTE PORTUGUES *LP*

DATE: May 28, 1998

RE: REINSTATEMENT OF OUR COMPANY

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I Linette Portugues was informed by the reinstatement department that I needed to pay a \$600.00 dollar fee to reinstate my company. I do not feel that is appropriate since we moved from our previous location on 9773 NW 46<sup>th</sup> terrace to our present location. We left a forwarding address so that all of our mail would be sent to us directly at our new location. We have never received any documentation from your company, until we recently inquired as to why we were not listed with your company. We are respectfully requesting that you waive the \$600.00 hundred-dollar charge since our company was never dissolved. Please feel free to call me Linette Portugues if you have any questions.

*Linette Portugues*  
Linette Portugues