

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 477266

1. Corporation Name

MHS OF DANIA, INC.

REINSTATEMENT 1998-2000

Principal Place of Business

441 HARBOR DR., SOUTH
Indian Rocks Beach Fla. 33785

441 Harbor Dr. South

Indian Rocks Beach, Fla. 33785

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

2. New Principal Office Address, If Applicable

19101 North Bay Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 15472

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1975

5. FEI Number

591605459

Applied For

Not Applicable

City & State

Sunny Isles-Florida

City & State

Miami-Florida

Zip

33160

Country

U.S.A.

Zip

33101

Country

U.S.A.

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
P/V/D	ARCENIO JIMENEZ	19101 North Bay Road Sunny Isles Fla. 33160	Sunny Isles Beach/Fla. 33160
T/D	JUANA I. VILLAGRAN	19101 North Bay Road	Sunny Isles Beach/Fla. 33160
S/D	GERRY G. ARAUZ	19101 North Bay Road	Sunny Isles Beach/Fla. 33160

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8. Name and Address of Current Registered Agent

HOWARD T. DODGE

441 Harbor Dr. South
Indian Rocks Beach, Fla. 33785-3118

9. Name and Address of New Registered Agent

Name

ARCENIO JIMENEZ

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

19101 North Bay Road

Suite, Apt. #, Etc.

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date 07/01/2000

11. This corporation owes 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

ARCENIO

JIMENEZ

07/01/2000

(954) 804-2691