

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 11 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 603019

1. Corporation Name

Florida Woman's Health Care, Inc.

2. Principal Office Address - No P.O. Box #

7300 SW 62 Place

3. Mailing Office Address

7300 SW 62 Place

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

3rd Floor

City & State

South Miami, Fl.

City & State

South Miami, Fl.

Zip

33143

Country

USA

Zip

33143

Country

USA

200159469712
08/11/09--01024--022 **1058.75

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-1358526

☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Nathan Hirsch

Street Address (P.O. Box Number is Not Acceptable)
7300 SW 62 Place

Suite, Apt. #, Etc.

City

South Miami

State

FL

Zip Code

33143

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Nathan B. Hirsch

REGISTERED AGENT MUST SIGN

Date

8/10/09

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	Hirsch, Nathan	7300 SW 62 Place	South Miami, Fl. 33143
TD	Guinot, Rafael	7300 SW 62 Place	South Miami, Fl. 33143
VD	Vizoso, Javier	7300 SW 62 Place	South Miami, Fl. 33143
D	Paez, Rene <i>8/12</i>	7300 SW 62 Place	South Miami, Fl. 33143
D	Chi, Sureen	7300 SW 62 Place	South Miami, Fl. 33143
D	Horst, Thomas	7300 SW 62 Place	South Miami, Fl. 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan B. Hirsch

Date

8/10/09

Daytime Phone #