


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 JAN 21 PM 2:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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DOCUMENT # 662116
 1. Corporation Name
LA COVADONGA CARE CENTERS, INC.

Principal Place of Business Mailing Address
820 S.W. 20th Avenue
Miami, Florida 33135

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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/24/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2054040	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P/S/T/D	Galindo, Ivonne	5461 S.W. 64th Place	Miami, Florida 33155
D	Galindo, Denis	12921 Oleander Rd.	N. Miami, Florida 33181

REINSTATEMENT
40000200531478
-01/23/97-01026-013
*****1097.50 ***1097.50**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Barry Ressler

Name
 Street Address (P.O. Box Number is Not Acceptable)
9100 South Dadeland Blvd.
 Suite, Apt. #, Etc.
Suite 404
 City
Miami
 State
FL
 Zip Code
33156

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

Barry Ressler
 REGISTERED AGENT MUST SIGN

Date **January 17, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Ivonne Galindo* **Ivonne Galindo** **January 17, 1997** **(305) 669-5950**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)