

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 OCT 16 PM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 737862

**1. Corporation Name**

Unidad/Oncocars Center of Truth, Inc.

**2. Principal Office Address**

11704 Cardenas Blvd

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip

33407

Country

USA

**3. Mailing Office Address**

11704 Cardenas Blvd

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip

33437

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/19/1977

**5. FEI Number**

59-1796990

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

REV. NORA A. CINA

000004649940-6

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

11704 Cardenas Blvd

10/23/01-01049-002

\*\*\*\*\*61.25 \*\*\*\*\*61.25

Suite, Apt. #, Etc.

City

Boynton Beach FL

State

FL

Zip Code

33437

**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

*Moralina*

REGISTERED AGENT MUST SIGN

Date

10/28/01

**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	REV. NORA A. CINA	11704 Cardenas Blvd	Boynton Beach, FL 33437
VD	Harvey Abramson	1066 N.E. 94 <sup>th</sup> Street	Miami Shore, FL 33138
D	Salvatore Cina	11704 Cardenas Blvd	Boynton Beach, FL 33437

**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 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:

*Suhre Line*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/01

Date

561-733-4195

Daytime Phone #

CR2E081 (9/00)