

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/Oncosis Center of Truth, Inc.

2. Principal Office Address *11704 Cardenas Blvd*

3. Mailing Office Address *11704 Cardenas Blvd*

Suite, Apt. #, etc.

City & State *Boynton Beach FL*

Zip *33407* Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida *1/19/1977*

5. FEI Number *59-1796990*

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*

Suite, Apt. #, Etc.

City *Boynton Beach FL* State *FL* Zip Code *33407*

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* Date *10/08/01*

REGISTERED AGENT MUST SIGN

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 33407
VD	Harvey Abramson	1066 N.E. 94 th Street	Miami Shore, FL 33138
D	Salvatore Cina	11704 Cardenas Blvd	Boynton Beach, FL 33407

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)(l), 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: *Suh...* Date *10/08/01* 561-733-4195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)