PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 JAN 31 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738479

1 Corporation Name

THE ELDERLY HOUSING CORPORATION OF HIALEAH, INC.

Principal Place of Business / Mailing Address

70 East 7 Street
Hialeah, Florida 33010

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3 New Mailing Address If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: 04/13/1997

5 FEI Number: 59-1220360 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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,D	JULIO PONCE, JR.	1255 West 46 St, #3	Hialeah, Florida 33012
VP, D	MARIA ROCA	70 East 7 Street	Hialeah, Florida 33010
SEC, D	ORLANDO PRENDES	70 East 7 Street	Hialeah, Florida 33010

800002077228--3
-02/04/97--01142--001
*****420.00 *****420.00

REINSTATEMENT

8 Name and Address of Current Registered Agent

Rafael Sanchez
70 East 7 Street
Hialeah, Florida 33010

9 Name and Address of New Registered Agent

Name: Maria Roca
Street Address (P.O. Box Number is Not Acceptable): 70 East 7 Street
Suite, Apt. #, Etc.:
City: Hialeah | State: FL | Zip Code: 33010

CR2E040 (1-95)

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: Maria M. Roca — Date: 1/27/1997
REGISTERED AGENT MUST SIGN

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: Maria M. Roca — 1/27/1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #