PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 16 AM 9:54
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 7TH ST~~ HIALEAH FL 33010	~~70 EAST 7TH ST~~ HIALEAH FL 33010

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
75 East 6 Street	75 East 6 Street
Suite, Apt. #, etc. Hialeah, FL	Suite, Apt. #, etc. Hialeah, FL
City & State 33010 Dade	City & State 33010 Dade
Zip / Country	Zip / Country Attn: Accounting Dept

4. Date Incorporated or Qualified To Do Business in Florida: 04/13/1977 SP

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

6. CERTIFICATE OF STATUS DESIRED ☐ $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 3	City / State / Zip 4
~~PRE~~	~~RONCE, JULIO JR.~~	~~1255 WEST 46TH STREET, #3~~	~~HIALEAH FL 33012~~
VPD	ROCA, MARIA	~~70 EAST 7TH STREET~~ 75 East 6 Street	HIALEAH FL 33010
SD	PRENDES, ORLANDO	~~70 EAST 7TH STREET~~ 75 East 6 Street	HIALEAH FL 33010
PD	Tinsman, Ruth	75 East 6 Street	Hialeah, FL 33010

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*****235.25 *****70.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROCA, MARIA ~~70 EAST 7TH ST.~~ HIALEAH FL 33010	Name Street Address (P.O. Box Number is Not Acceptable) 75 East 6 Street Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 10/13/00
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED — 10/13/00 — 305/888-9744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #