

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

02-07



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09679

1. Corporation Name

Hospitechnik Americana, Inc.

2. Principal Office Address

9305 SW 77th Avenue

Suite, Apt. #, etc.

Suite 440

City & State

Miami, FL

Zip

33156

Country

Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

12/30/87

5. FEI Number

65-0027414

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

De Carvalho, Jose H Dr.

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

9305 SW 77th Avenue

Suite, Apt. #, Etc.

Suite 440

City

Miami

State

FL

Zip Code

33156

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

Jose H. De Carvalho

REGISTERED AGENT MUST SIGN

Date

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	De Carvalho, Jose H Dr.	9305 SW 77th Avenue, Suite 440	Miami, FL 33156

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:

Jose H. De Carvalho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 JUL -7 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100021345901

07/07/03--01042--007 **300.00

Hospitechnik Americana, Inc.
9305 S.W 77th Avenue
Suite 440
Miami, Fl 33156

July 2, 2003

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Hospitechnik Americana, Inc.
K09679
Reinstatement

Gentlemen:

Per our telephone conversation today enclosed is a reinstatement form and a check for \$300 payable to Florida Department of State. Please waive any penalties for late filing, as we never received actual forms to renew. If you have any questions, please contact me at the above address.

Thanking you for your helpful assistance today.

Sincerely,


Dr. Jose De Carvalho