

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 NOV 20 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K52107**

1. Corporation Name

CARDIO - PULMONARY HEALTH CARE SERVICES, INC.

2. Principal Office Address

7660 NW 186th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Zip

33015

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0092951

Applied

Not Appl

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
for a Certificate of S

7. Name and Address of Current Registered Agent

Name

Miguel A. Rodriguez

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

7660 NW 186th Street

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date 11-13-00

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
D/T/V S/p	Miguel A. Rodriguez	7660 NW 186th Street	Miami Lakes, FL 33015

REINSTATEMENT 2000

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

11-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #