

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 APR 24 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** K 82760

**1. Corporation Name**

NIGHTINGALE HEALTH CARE SERVICES, INC.

**2. Principal Office Address**

C/O JOAN LOPEZ  
14569 SW 94 LANE  
Suite, Apt. #, etc.

**3. Mailing Office Address**

C/O JOAN LOPEZ  
14569 SW 94 LANE  
Suite, Apt. #, etc.

**City & State**

MIAMI, FLORIDA

**City & State**

MIAMI, FLORIDA

**Zip**

33186-1046

**Country**

USA

**Zip**

33186-1046

**Country**

USA

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

04/24/1989

**5. FEI Number**

65-0121289

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-02**

**7. Name and Address of Current Registered Agent**

**Name**

JOAN LOPEZ

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

14569 SW 94 LANE

**Suite, Apt. #, Etc.**

**City**

MIAMI

State  
**FL**

**Zip Code**

33186-1046

**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

*Joan Lopez*

REGISTERED AGENT MUST SIGN

Date

4-20-02

**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
PVT	JOAN LOPEZ	14569 SW 94 LANE	MIAMI, FL 33186-1046

**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:**

*Joan Lopez*

JOAN LOPEZ

(305) 387-3522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)