

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K89633**

1. Corporation Name

C.N.C. MEDICAL, CORP.

FILED

99 MAY -7 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7171 CORAL WAY, #305
MIAMI FL 33155**

Mailing Address

**7171 CORAL WAY, #305
MIAMI FL 33155**

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

2. New Principal Office Address, if Applicable

**7480 SW 121 CT
Suite, Apt. #, etc.
MIAMI, FL 33183**

3. New Mailing Office Address, if Applicable

**7480 SW 121 CT
Suite, Apt. #, etc.
MIAMI, FL 33183**

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1989

5. FEI Number

65-0120692

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CONTRERAS, CARLOS S.	4201 SW 11 ST	MIAMI FL
D	CONTRERAS, T. NATACHA	4201 SW 11 ST	MIAMI FL

**900002883319--3
-05/24/99--01005--019
*****900.00 *****900.00**

8. Name and Address of Current Registered Agent

**CABRERA, RAUL D.
4201 SW 11 ST
MIAMI FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

4/30/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
CONTRERAS, CARLOS S.

**4/30/99 (305) 649-6111 WORK
(305) 523-4440 Home**

CR2E040 (9/98)