

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1996 DEC 18 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05961

1. Corporation Name

MIAMI HEADACHE CENTER, INC.

Principal Place of Business

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET #2000
MIAMI FL 33131

% KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET #2000
MIAMI FL 33131



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0142755

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DST	REINA, LUIS A., M.D.	7100 W 20TH AVE #515	HIALEAH FL
DP	CRTIZ-CRUZ, DESIREE, MD	7100 W 20TH AVE #515	HIALEAH FL

200002033922--0
-12/19/96--01060--016
****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND STREET
SUITE 100
MIAMI FL 33131

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

Desiree Ortiz Cruz
REGISTERED AGENT MUST SIGN

Date

12/16/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

Desiree Ortiz Cruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 659-2214
12/9/96
Daytime Phone #