

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 13 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002126

1. Corporation Name

INTERNATIONAL Parash Nurses, INC
5101 SW 114 way
FT. Lauderdale FL 33330

2. Principal Office Address

5101 SW 114 way
FT Lauderdale FL 33330

3. Mailing Office Address

5101 SW 114 way
FT LDe FL 33330

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-02

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

5. FEI Number

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

Paulette Zamor

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

5101 SW 114 way

Suite, Apt. #, Etc.

FT Lauderdale

City

FT Lauderdale

State

FL

Zip Code

33330

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

Paulette Zamor

REGISTERED AGENT MUST SIGN

Date 4-3-02

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
President	Paulette Zamor (D)	5101 SW 114 way FT LDe FL 33330	FT LDe FL 33330
Secretary	Kimberly Cassenore Zamor (F)	5101 SW 114 way	FT LDe FL 33330
Assistant President	Ketia Charles Zamor (F)	1813 SW 101 Terr	Pembroke Pines FL 33025
	Odette Napoleon (T)	8851 NE 12 AVE MIA FL	Miami, FL 33138
	Stanley Zamor (S)	1813 SW 101 Terr	Pembroke Pines FL 33025
	Jean Zamor (D)	5101 SW 114 way	FT LDe FL 33330

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-02 (954) 680-4224

CR2E081 (9/01)