

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PH 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008277

1. Corporation Name

NURSE ALLIANCE OF FLORIDA, INC.

Principal Place of Business

1525 NW 167 STREET
SUITE 150
MIAMI FL 33169

Mailing Address

1525 NW 167 STREET
SUITE 150
MIAMI FL 33169



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

1525 NW 167 ST
SUITE 150
MIAMI, FL

3. New Mailing Office Address, If Applicable

1525 NW 167 ST.
SUITE 150
MIAMI, FL

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2002

5. FEI Number

56-2417124

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	4 City / State / Zip
P/O	BAKER, MARTHA	1525 NW 167 ST. STE 150	MIAMI FL 33169
V/D	MILLER, VANESSA-LAURA VAN SANT	1525 NW 167 ST. STE 150	MIAMI FL 33169
S/D	GENUNG, FRANK	1525 NW 167 ST. STE 150	MIAMI FL 33169
T/O	WALDES, BILLY MARIA SANCHEZ, RN	1525 NW 167 ST. STE 150	MIAMI FL 33169
D	SHERYL PETTIT	1525 NW 167 ST. STE 150	MIAMI, FL 33169
D	JULIA DAWSON	1525 NW 167 ST. STE 150	MIAMI, FL 33169

8. Name and Address of Current Registered Agent

RICHARD, MARK
PHILLIPS, RICHARD & RIND
6950 N KENDALL DR
MIAMI FL 33156

9. Name and Address of New Registered Agent

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

700025330277
Suite, Apt. #, Etc. 12/08/03-01081-013 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

02/4/03

11. 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

Sheryl Pettitt

11/25/03

Daytime Phone # 305-620-6555