

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
17 OCT 11 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N11000011019**

1. Corporation Name

Larkin Community Hospital Foundation, Inc.

2. Principal Office Address - No P.O. Box #

5996 S.W. 70 Street

3. Mailing Office Address

5996 S.W. 70 Street

Suite, Apt. #, etc

5th Floor

Suite, Apt. #, etc

5th Floor

City & State

South Miami, Florida

City & State

South Miami, Florida

Zip

33143

Country

USA

Zip

33143

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/23/2011

5. FEI Number

45-3939411

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

Sandy Sosa Guerrero

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

5996 S.W. 70 Street

Suite, Apt. #, Etc

5th Street

City

South Miami

State

FL

Zip Code

33143

300304450243  
10/11/17--01012--017 \*\*236.25

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

Date 10/05/2017

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P      | Martinez Reyes, Dr.                  | 5996 S.W. 70 Street 5th Floor                     | South Miami FL 33143 |
| V      | Marilyn Roman                        | 5996 S.W. 70 Street 5th Floor                     | South Miami FL 33143 |
| D      | Alonso Rhenals                       | 5996 S.W. 70 Street 5th Floor                     | South Miami FL 33143 |
| T      | Ezzer Tossas                         | 5996 S.W. 70 Street 5th Floor                     | South Miami FL 33143 |
| D      | Barbara Litke                        | 5996 S.W. 70 Street 5th Floor                     | South Miami FL 33143 |
| D      | Wayne Vincent Talamas                | 5996 S.W. 70 Street 5th Floor                     | South Miami FL 33143 |

10. E-mail Address: ateruel@larkinhospital.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*[Signature]*

10/05/2017 (305)284-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #