

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

1998 APR -6 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N 49932 (9)**

1. Corporation Name

**RHESUS, A NON-PROFIT FOUNDATION BENEFITTING  
THE STUDY OF HUMAN BEHAVIORAL SCIENCE, UROLOGY  
AND MALE REPRODUCTION, INC.**

Principal Place of Business

Mailing Address

**1001 N.E. 2ND AVENUE 1001 N.E. 2ND AVENUE  
MIAMI, FLORIDA 33132 MIAMI, FLORIDA 33132**

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

2. New Principal Office Address, If Applicable  
**1001 N.E. 2ND AVE.**

3. New Mailing Office Address, If Applicable  
**1001 N.E. 2ND AVE.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/17/1992**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0387771**

Applied For

Not Applicable

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33132**

Country

Zip

**33132**

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
D	ZULETA, FABIO ENRIQUE	8930 S.W. 102 CT.	MIAMI, FL. 33176
D.	DE LA HOZ, VIVIANA	1001 N.E. 2ND AVE.	MIAMI, FL. 33132
VD	GLACCUM, BRIAN	1001 N.E. 2ND AVE.	MIAMI, FL. 33132

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**ZULETA, FABIO ENRIQUE  
1001 N.E. 2ND AVE.  
MIAMI, FLORIDA 33132**

9. Name and Address of New Registered Agent

Name

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

**100002403161-1**

Suite, Apt. #, Etc.

**04/08/98-01106-012**

City

**\*\*\*\*306.85**

**\*\*\*\*306.25**

State

Zip Code

**FL**

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 of Fabio Enrique Zuleta]*

REGISTERED AGENT MUST SIGN

Date

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  
**FABIO ENRIQUE ZULETA**

03-20-98

Date

(305) 381-6563

Daytime Phone #

CR2E040 (1/98)