

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP -9 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N-94000000879*

1. Corporation Name

JEFFERSON REAVES, SR. HEALTH CENTER, INC.

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

1009 NW 5TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33136

Country

USA

3. Mailing Office Address

1009 NW 5TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33136

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

*07/18/1994*

5. FEI Number 65-0667619

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

ROBERT L. MCKINNEY

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

370 NW 19TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33136

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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09/09/08--01031--004 \*\*\*376.00

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

*Robert L. McKinney*

REGISTERED AGENT MUST SIGN

Date *09/03/2008*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GREGORY GAY	444 SW 2ND AVENUE 3RD	FLOOR MIAMI FL 33130
SD	ADA DEVEAUX	798 NW 55TH STREET	MIAMI FL 33127
TD	JAMES FARRINGTON	1301 NW 98TH TERRACE	MIAMI FL 33147
D	CLIFFORD REAVES	4965 NW 29TH AVENUE	MIAMI FL 33142
D	JOHNNIE KING	1301 NW 52ND STREET	MIAMI FL 33142
D	BARBARA WADE	11125 SW 156TH TERRACE	MIAMI FL 33157

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 contained in Chapter 119, 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

*GREGORY D. GAY PRES.*

BOARD OF DIRECTORS

*9/3/08*

Date

*305 401 7680*

Daytime Phone #

JEFFERSON REAVES, SR. HEALTH CENTER, INC.

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CORPORATION REINSTATEMENT

9. Name and Street Address of Each Officer and/or Director.

Titles	Name	Street Address	City/State/Zip
D	ASUNCION NUNEZ	611 NW 10TH STREET	MIAMI FL 33136
D	ROBERT MCKINNEY	370 NW 19TH TERRACE	MIAMI FL. 33136
D	MINNIE MICKENS-JONES	2251 NW 93RD TERRACE	MIAMI FL 33125
D	EDWARD HARRIS	111 NW 1ST STREET SUITE 620	MIAMI FL 33130