

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED pg. 1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 29 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004684**

1. Corporation Name

WEIL FAMILY CENTERS INC.

Principal Place of Business

Mailing Address

**3020 S.W. 4th Avenue
MIAMI FLA. 33129**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 1997

A. Alay
10/29/97

4. Date Incorporated or Qualified To Do Business in Florida

09/21/94

5. FEI Number

65-0585101

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	MARIBEL DIBLAN	3020 S.W. 4th Avenue	MIAMI FL. 33129
Executive Vice President	FERNANDO EGEE	11400 S.W. 107 CT MIAMI FL. 33176	
TREASURER	GEORGE Metellus	6808 NW 156th TERRACE	MIAMI FL.
SECRETARY	MICHAEL GONZALEZ	3600 S.W. 105th.	MIAMI FL.
TRUSTEE	GOLAMBI VAHORA	820 TIMBER CREEK LANE	WAYNE PA.
TRUSTEE	ARTHUR M. COWDEN	6290 S.W. 114ST	MIAMI FL. 33156.

8. Name and Address of Current Registered Agent

**M.S. MARIBEL DIBLAN
3020 S.W. 4th Avenue
MIAMI FL. 33129**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
900002335409-6
Suite, Apt. #, Etc.
-10/31/97-01088-007
******245.00 ****245.00**
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.

Signature of Registered Agent

Maribel Diban

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

Oct 26 / 97 (305-255-9829)
Daytime Phone #

CR20040 (12/96)

Please add the Following name pg. 2 of 2
OF OFFICER & Address (CONTINUATION OF
ANOTHER PAGE)

<u>TITLE</u>	<u>NAME</u>	<u>Address</u>
TRUSTEE	Joseph Daley	2328 Gillingier Rd LAfayette Hills PA 19444

THANK YOU.