

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 MAR 28 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N75000004870**

1. Corporation Name
ST. PATRICK COMMUNITY HEALTH CARE CTR, INC

000002130590--9

-04/01/97--01102--002

****297.50 ****297.50

Principal Place of Business

Mailing Address

**6444 BISCAYNE BLVD
MIAMI, FL 33138**

**P.O. BOX 640350
N.M.B., FL 33164**

REINSTATEMENT 96-97

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

Applied For

City & State

City & State

65-0630445

Not Applicable

Zip

Country

Zip

Country

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
P.D.	GESNER DELVA, MD	85 NW 168 ST	MIAMI, FL 33162
V.D.	JOSUE C. ASTREL	17935 N.E. 9 PL	N.M.B. FL 33162
T.D.	PIERRE ALOURDE RYBN	17935 N.E. 9 PL	N.M.B. FL 33162
S	JOSEPH LATORTUE	5707 N.E. MIAMI CT	MIAMI, FL 33137
S	BLANC J. MARY	19510 NW 7 ^{AVE}	MIAMI, FL 33138
M	MICHEL MARIE JOSEPH, MD	1171 NE 161 TH	N.M.B. FL 33162

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOSUE C. ASTREL
17935 N.E. 9 PL
N.M.B., FL 33162**

Name

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

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

03/25/97

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:

JOSUE C. ASTREL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/97

Date

Daytime Phone #