

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N98000001818**

1. Corporation Name

**RENAISSANCE COMMUNITY HEALTH CARE CENTER, INC.**

Principal Place of Business

Mailing Address

**1372 NW 16 Street  
Miami, FL 33125**

**1433 NW 13 Terrace  
Miami, FL 33125**

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

2. New Principal Office Address, If Applicable

**N/A**

3. New Mailing Office Address, If Applicable

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

**99**

4. Date incorporated or Qualified To Do Business in Florida

**06/24/1998**

5. FEI Number

**65-0815575**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee is added 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	Cesar Magnorsky	1372 NW 16 Street Miami, FL 33125	Miami, FL 33125
S/D	Rita Rodriguez	1372 NW 16 Street Miami, FL 33125	Miami, FL 33125
T/D	Martha Perez	1372 NW 16 Street	Miami, FL 33125

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-12/14/99--01083--006  
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Cesar Magnorsky  
1372 NW 16 Street  
Miami, FL 33125**

Name

**N/A**

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

Suite, Apt. #, Etc.

City

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]**

REGISTERED AGENT MUST SIGN

Date

**11/30/99**

11. This corporation owes 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]**

**Cesar Magnorsky**

**11/30/99**

Date

**(305) 547-1600**

Daytime Phone #

**KE**

CR2501 (12/98)