

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # N98000002929

1. Corporation Name

Healthcare Education and Action League, Inc.

500009519345
12/16/02--01035--003 **420.00

2. Principal Office Address

1405 NW 167th Street

3. Mailing Office Address

1405 NW 167th Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33169

Country

USA

Zip

33169

Country

USA

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/20/1998

5. FEI Number

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

Mark Richard

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

6950 N. Kendall Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

Mark Richard

Date

9/30/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P / 0	Martha Baker	1405 NW 167 Street, Ste. 100	Miami, Florida 33169
VP / 0	Vanessa Miller	1405 NW 167 Street, Ste. 100	Miami, Florida 33169
S / 0	Frank Genung	1405 NW 167 Street, Ste. 100	Miami, Florida 33169
T / 0	Billy Valdes	1405 NW 167 Street, Ste. 100	Miami, Florida 33169
D	Sheryl Pettitt	1405 NW 167 Street, Ste. 100	Miami, Florida 33169

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 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:

Martha Baker

MARTHA BAKER

Date

10-2-02

305-620-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (9/01)

12/17/02