

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000004317

1. Corporation Name

Metro West Health management co.INC

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

5600W COLONIAL DRIVE

3. Mailing Office Address

PO BOX536037

Suite, Apt. #, etc.

SUIT 202

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

FLORIDA

Zip

32853

Country

ORANGE

Zip

Country

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2007

5. FEI Number

59-3616425

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
NORA SCHMIDT

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

5600 WEST COLONIAL DRIVE

Suite, Apt. #, Etc.

SUIT 202

City

ORANGE

State

FL

Zip Code

32808

☒ 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.

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

Date

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/S	ALEX BROUMAND	5600W COLONIAL DR	ORLANDO FLORIDA 32808

000112129330
11/03/07--01051--008 **\$600.00

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:

Alexander Broumand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 30. 2007

Daytime Phone #

407-973-9953

nc 11/06