

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -9 PM 2:32

DOCUMENT # P00000075849

**1. Corporation Name**

SANTA LOURDES MEDICAL CARE, INC.

13713 SW 9 STREET

13713 SW 9 STREET

**2. Principal Office Address**

13713 SW 9 STREET

Suite, Apt. #, etc.

**3. Mailing Office Address**

13713 SW 9 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33184

Country

USA

Zip

33184

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 08/07/2000

**5. FEI Number**

65-1033176

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-04

**7. Name and Address of Current Registered Agent**

Name

CIRILO HERRERA

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

3326 FLAGLER AVENUE

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

**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

*Cirilo Herrera*

REGISTERED AGENT MUST SIGN

Date 11-05-2004

**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	CECILIO JACOBO	13713 SW 9 STREET	MIAMI, FL 33184
V	ANA H. JACOBO	13713 SW 9 STREET	MIAMI, FL 33184

000042605278  
11/09/04--01062--022 \*\*1059.75

**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: ANA H. JACOBO *Ana H. Jacobo, Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-2004 (305) 216-6209

Date

Daytime Phone #

CR2E081 (07/04)

11/17/04