

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 23 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 77018

1. Corporation Name

A/C Health Services, Inc

2. Principal Office Address

9500 N.W. 77 AVE

Suite, Apt. #, etc.

2

City & State

Hialeah Gardens, FL

Zip

33016

Country

DADE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

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

8/15/2000

5. FEI Number

65-1031676

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

Silvia Yolanda Coskres

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

9500 N.W. 77 AVE #

Suite, Apt. #, Etc.

2

City

Hialeah Gardens,

State

FL

Zip Code

33016

300030385173
03/12/04 01051 018 **900.00

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

Silvia Yolanda Coskres

Date

2/19/04

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	Silvia Yolanda Coskres	9500 N.W. 77 AVE # 2	Hialeah Gardens, FL 33016

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:

Silvia Yolanda Coskres

Date

2/19/04

Daytime Phone #

(305) 461-4466

CR2E081 (01/04)