PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 APR 24 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000077231

1. Corporation Name
LATIN AMERICAN HEALTH CENTER INC

**REINSTATEMENT** 01-02

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 705 EAST 26 STREET | 705 EAST 26 STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: HIALEAH, FL | City & State: HIALEAH FL |
| Zip: 33013 Country: Miami-Dade | Zip: 33013 Country: DADE |

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/2000

5. FEI Number: 65-1035961 ☐ 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: LELYS MAGALY ANGULO

Street Address (P.O. Box Number is Not Acceptable): 705 EAST 26 STREET

Suite, Apt. #, Etc.:

City: HIALEAH State: FL Zip Code: 33013

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Lelys Angulo
REGISTERED AGENT MUST SIGN

Date: 02/08/02

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 |
|---|---|---|---|
| PS | ARMANDO ANGULO | 705 East 26 Street | Hialeah Fl 33013 |
| TD | LELYS MAGALY ANGULO | 705 East 26 Street | Hialeah Fl 33013 |
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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:** Lelys Angulo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-8-02 (305)691-2884
Date Daytime Phone #

5/1/02