

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 14 PM 4:54

DOCUMENT # P00000087220

1. Corporation Name

MINERVA RETIREMENT HOME, INC.

Principal Place of Business

Mailing Address

7861 S.W. 5TH STREET  
MIAMI FL 33144

7861 S.W. 5TH STREET  
MIAMI FL 33144



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1039338

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVS	DEL CARMEN MARIN, MINERVA	651 SW 130TH AVENUE	MIAMI FL 33184
T	DEL CARMEN MARIN, MINERVA	651 SW 130TH AVENUE	MIAMI FL 33184
			900004745569--7 -12/31/01--01083--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEL CARMEN MARIN, MINERVA  
651 SW 130TH AVENUE  
MIAMI FL 33184

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

Page 252

Miami, October 18, 2001

Florida Department of State

Division of Corporations

P O Box 1500

Tallahassee FL 32302-1500


To Whom It May Concern:

Enclosed please find completed Corporation Annual Report, document #P00000087220, together with our check in the amount of \$150.00 filing fees.

The Year 2001 Annual Report is our first year of filing (date of incorporation 09/14/2000). Additionally, we have also changed our business address. For these reasons, the annual filing was inadvertently not filed on time.

Kindly accept our filing at this time, and I hope you can accept our request to abate any penalty due to this honest mistake.

Very truly yours,

  
Minerva Del Carmen Marin  
President