

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092206

1. Corporation Name

CONTINIUM HEALTH CARE, INC.

Principal Place of Business

1455 SW 27TH AVENUE  
MIAMI FL 33135

Mailing Address

1455 SW 27TH AVENUE  
MIAMI FL 33135



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 33145

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 33145

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/2000

5. FEI Number

65-1051840

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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
PD	HERNANDEZ, DANIA V	1455 SW 27TH AVENUE	MIAMI FL 33135
STD	MERCANTE, TANIA L	1455 SW 27TH AVENUE	MIAMI FL 33135
			400008819914 11/06/02--01037--002 **600.00
			400008819914 12/03/02 01061 025 **150.00

8. Name and Address of Current Registered Agent

HERNANDEZ, DANIA V  
1455 SW 27TH AVENUE  
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name Tania mercante  
Street Address (P.O. Box Number is Not Acceptable)  
1455 S.W. 27 Ave.  
Suite, Apt. #, Etc.  
City Miami State FL Zip Code 33145

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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

10/29/02

Date

305-643-9999

Daytime Phone #

CR2E040 (8/02)