

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PHC1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 22 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000008024**

1. Corporation Name

**Sunny Isles Health
Adult Day Care Center Inc**

500086472945
01/30/07--01005--020 **\$600.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

18186 Collins Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles

City & State

Zip

Country

33160

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-2001

5. FEI Number

05-1083826

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

Vladimir Okun

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

18186 Collins Ave

Suite, Apt. #, Etc.

City

Sunny Isles

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

1/17/07

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	Vladimir Okun	18186 Collins Ave	Sunny Isles FL 33160
VP	Anast Ilichmelyan	18186 Collins Ave	Sunny Isles FL 33160

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 (805) 440-9900

Date

Daytime Phone #

Agar

Jan. 17, 2007

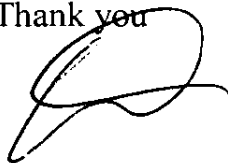
To whom it may concern

Dear Ser/Madam

Please be advised that the Corporate renewal documentation was never received by us. Please reinstate our corporation.

We are enclosing all the fees (\$600) to reinstate our corporate status.

Thank you

A handwritten signature in black ink, appearing to be 'Vladimir Okun', written over the 'Thank you' text.

Vladimir Okun /President-Sunny Isles Health ADC