

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

02-DEC-30-PM-3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000008024

1. Corporation Name

SUNNY ISLES HEALTH ADULT DAYCARE CENTER, INC.

2. Principal Office Address

18186 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2001

5. FEI Number

65-1083826

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

OKUN, VLADIMIR

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

18186 COLLINS AVENUE

Suite, Apt. #, Etc.

City

SUNNY ISLES BEACH

State
FL

Zip Code

33160

200008818942

11/06/02 01032 001 ** \$8.75

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

REGISTERED AGENT MUST SIGN

Date 10/11/02

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
D/P	OKUN, VLADIMIR	18186 COLLINS AVENUE	SUNNY ISLES BEACH, FL 33160
D/V	ITCHMELIAN, ANAIT	18186 COLLINS AVENUE	SUNNY ISLES BEACH, 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/02

Date

305-933-8820

Daytime Phone #

1303

CR2008 (9/01)