

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -2 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000016480

1. Corporation Name

CENTROS DE CUIDADOS de SALUD, Inc.

2. Principal Office Address

7000 W. 12th AVE.

Suite, Apt. #, etc.

21-22

City & State

MIAMI

Zip

33014

Country

3. Mailing Office Address

7000 W. 12th Ave

Suite, Apt. #, etc.

#21-22

City & State

MIAMI

Zip

33014

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2002

5. FEI Number

02-0555-668

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

SERGIO R. PENTON

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

780 N W Le Jeune Rd

Suite, Apt. #, Etc.

427

City

MIAMI

State

FL

Zip Code

33126

700028159117
02/03/04--01065--004 **150 00

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

1/29/04

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
PD	ORCASITA, JOSE A.	7000 W. 12 th AVE #21-22	MIAMI, FL 33014
		MIAMI, FL 33014	

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:

Jose A. Orcasita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 362-9560
Daytime Phone #

CR2E081 (10/02)

7000 West 12th Avenue
Suite #21-22
Hialeah, FL 33014
Tel: (305) 362-6638
Fax (305) 827-1581

Centros de Cuidado de Salud, Inc.

January 29, 2004

Mr. Tyrone Scott
Document Specialist
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Scott:

Subject: Centros de Cuidados de Salud, Inc.
Ref.: P02000016480
Letter Number: 703A00062731

Thank you for your letter of December 26, 2003.


Enclosed is a new reinstatement application form duly signed by our resident agent, Mr. Sergio Penton.

Please be aware that we moved in August 2003 and we didn't received received the documentation on time.

Also, enclosed is our check for \$150.00 for the year 2004.

Thank you for your assistance.

Sincerely,


José A. Orcasita Ng
President