

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 21 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026370

1. Corporation Name

MELISSA MEDICAL CENTER CORP

2. Principal Office Address

10346 WEST FLAGLER

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33174

Country

MIAMI DADE

3. Mailing Office Address

10346 WEST FLAGLER

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33174

Country

MIAMI DADE

REINSTATEMENT

03-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
01-0632015

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

MARIELVA ALFONSO

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

150 W 76 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

200035785622
05/07/04--01085--018 ***901.00

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

REGISTERED AGENT MUST SIGN

Date

04/19/04

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	MARIELVA ALFONSO	150 W 76 AVE	MIAMI FL 33144

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/19/04 (305) 207-6225

Daytime-Phone #

CR2EM81 (01/04)