

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PH 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070980

1. Corporation Name citywide health care corp
1111 SW 8 STREET STE 202
MIAMI, FLORIDA 33130

2. Principal Office Address
111 SW 8 STREET No 202

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33130

Country

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 0-27-02

5. FEI Number 02-0630179
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
PATRICIA BRITO

Street Address (P.O. Box Number is Not Acceptable)
1111 SW 8 STREET

Suite, Apt. #, Etc.
202

City
MIAMI

700034015547
04/27/04--01031--002 **750 00
700034015547
04/27/04--01031--003 **150 00
State Zip Code
FL 33130

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 Patricia Brito
REGISTERED AGENT MUST SIGN

Date 11-3-03

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/S	PATRICIA BRITO	1111 SW 8 STREET STE 202	MIAMI, FLORIDA 33130

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: Patricia Brito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)