

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000127903**

1. Corporation Name

S.M. HEALTH CARE INC.

2. Principal Office Address

2108 W 68 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2108 W 68 ST

Suite, Apt. #, etc.

City & State

HILLESBACH FL

City & State

HILLESBACH FL

Zip

33016

Country

MIAMI-DADE

Zip

33016

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/02

5. FEI Number

54-2086056.

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

CASANOVA, EDUARDO R.

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

695 W 28 ST #5. 700023924657

10/20/03--01008--011 **150.00

Suite, Apt. #, Etc.

City

HILLESBACH

State

FL

Zip Code

33010.

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

Date

10/15/03

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
DPS	CASANOVA, EDUARDO R.	695 W 28 ST #5	HILLESBACH FL, 33010

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

Date

10/15-03 (786) 639-0775.

Daytime Phone #

CR2E081 (10/02)