


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name
HOMESTEAD INJURY CENTER Corporation
P03000098817

2. Principal Office Address <i>692 W. Homestead BLVD</i>		3. Mailing Office Address	
Suite, Apt. #, etc. <i>104</i>		Suite, Apt. #, etc.	
City & State <i>Homestead</i>		City & State <i>FL</i>	
Zip <i>33030</i>	Country <i>USA</i>	Zip	Country

FILED
06 APR 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *04-06*

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida *9/9/2003*

5. FEI Number *20-0227066* ☐ 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 *Raymond Ruszkowski* *300070053503*

Street Address (P.O. Box Number is Not Acceptable)
21360 SW 92 AVE *04/11/03 01016 013 11453 00*

Suite, Apt. #, Etc.

City *Miami* State *FL* Zip Code *33189*

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 *4/4/2006*

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
P	RAYMOND RUSZKOWSKI	21360 SW 92 AVE MIAMI, FL 33189	MIAMI, FL 33185
VP	Robert Rudolph	1937 S. OAK HAVEN Cir	N. Miami Beach, FL 33179

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 contained in Chapter 119, 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]* *4/4/06* *786 402 8149*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

April 4, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Homestead Injury Center, ~~Inc~~ Corporation
Document # P03000098817

To Whom It May Concern:

I never received notice to file an annual report in the year 2004. The person that was in charge of handling this job never notified me or completed the annual report. I would kindly ask that you waive late fees associated with re-instatement of active status for my corporation – **HOMESTEAD INJURY CENTER, INC.** Corporation

Enclosed is a check for \$450.00 for filing fees to complete the re-instatement.

Also, I have enclosed a statement of change of registered agent, along with a second check for \$35.00 for filing fees. Could you kindly see that this change takes place as soon as possible. Thank you for your time.

Sincerely



Raymond M. Ruszkowski, D.C. Corporation
President, Homestead Injury Center, ~~Inc.~~