

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000097857**

1. Corporation Name

OGMA CARE SERVICES, INC

2. Principal Office Address - No P.O. Box #

5601 COLLINS AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

610

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

Zip

33140

Country

Zip

Country

100177718321
04/26/10--01059--012 **450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2004

5. FEI Number

432054449

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

MAXIMO LINARES

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

5601 COLLINS AVE

Suite, Apt. #, Etc.

610

City

MIAMI BEACH

State

FL

Zip Code

33140

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Maximo Linares

Date

04/23/10

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/D	OMAYDA LINARES	5601 COLLINS AVE #610	MIAMI BEACH, FL 33140
V/D	MAXIMO LINARES	5601 COLLINS AVE #610	MIAMI BEACH FL. 33140

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Maximo Linares **MAXIMO LINARES**

04/23/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #