

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000099521**

1. Corporation Name

**FLORIDA LIFE REWARD HEALTHCARE,
INC.**

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

7200 NW 7th St 300

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33126

Country

USA

Zip

Country

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

07/01/2004

5. FEI Number

02-0335478

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

Maylin Espinosa

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

31750 SW 189 CT

Suite, Apt.

Homestead FL 33030

City

MIAMI

FL

Zip Code

☐ The 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

REGISTERED AGENT MUST SIGN

Date **April 17, 2009**

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	MAYLIN ESPINOSA	7200 NW 7 th St #300	MIAMI, FL 33126

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/2009 (786) 704-3112

Daytime Phone #

FILED

09 MAY -5 PM 1:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**900155463299
05/05/09--01039--019 **1000.00**

CR2E081 (12/07)