

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000099521

**FILED**  
**Dec 19, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA LIFE REWARD HEALTH CARE INC.

**Current Principal Place of Business:**

7200 NORTHWEST 7TH STREET  
#300  
MIAMI, FL 33126 US

**New Principal Place of Business:**

8220 CORAL WAY  
MIAMI, FL 33155 US

**Current Mailing Address:**

7200 NORTHWEST 7TH STREET  
#300  
MIAMI, FL 33126 US

**New Mailing Address:**

8220 CORAL WAY  
MIAMI, FL 33155 US

**FEI Number:** 20-1335478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESPINOSA, MAYLIN  
31750 SW 189 CT  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAYLIN ESPINOSA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ESPINOSA, MAYLIN  
Address: 8220 CORAL WAY  
City-St-Zip: MIAMI, FL 33155 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYLIN ESPINOSA

PST

12/19/2011

Electronic Signature of Signing Officer or Director

Date