

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV 21 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000064083

1. Corporation Name

**PALMETTO GENERAL HEALTH CARE INC**

200112519472  
11/21/07--01078--002 \*\*308.75

**REINSTATEMENT** D7  
CR2E081 (1/07)

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

3939 n.w. 7th

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33126

Country

USA

3. Mailing Office Address

1732 S. Congress Ave.

Suite, Apt. #, etc.

Unit 322

City & State

West Palm Beach Fl.

Zip

33461

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

P05000064083

5. FEI Number

20-2778569

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  
**HONATHAN JOSE NUNEZ**

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

3939 n.w. 7th

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

☒ 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

*Honathan Nunez*

REGISTERED AGENT MUST SIGN

Date 11/05/2007

**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	Honathan Jose Nunez	3939 n.w. 7th	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:

*Honathan Nunez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/2007

Date

561-236-7104

Daytime Phone #

11/23