

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 AUG -5 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000083049**

1. Corporation Name

U AND I HEALTH SERVICES INC

REINSTATEMENT 2010

200184056292
08/05/10--01003--012 **750.00
CR2E081 (1/07)

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

6720 N.W. 174 TERRACE

3. Mailing Office Address

6720 N.W. 174 TERRACE

Suite, Apt. #, etc.

18C

Suite, Apt. #, etc.

18C

City & State

HIALEAH FL

City & State

HIALEAH, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

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

06/09/2005

5. FEI Number

13-4310336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

☐ 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.

7. Name and Address of Current Registered Agent

Name

LICED PARERA

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

6720 N.W. 174 TERRACE

Suite, Apt. #, Etc.

18C

City

MIAMI

State

FL

Zip Code

33015

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 **8/02/10**

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
DPST	LICED PARERA	6720 N.W. 174 TERR APT # 18C	HIALEAH, FL 33015

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

08/02/2010

Date

Daytime Phone #