

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000127296

1. Corporation Name

MEDICUS HEALTHCARE CENTER, INC.

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

6405 NW 27TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33147

Country

USA

3. Mailing Office Address

6405 NW 27TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33147

Country

USA

FILED

07 DEC 18 AM 11:37

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

400113370254  
12/24/07--01039--011 \*\*300.00

**REINSTATEMENT** 06-07  
CR2E06 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2005

5. FEI Number

20-3546125

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

FELIX MARTIN

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

6405 NW 27TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

☒ 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 12-17-2007

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
PD	FELIX MARTIN	6405 NW 27TH AVE	MIAMI FL 33147

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

12-17-2007

Date

Daytime Phone #