

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV -4 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000129177

**1. Corporation Name**

El Viso Care, Inc.

800137614008  
11/04/08--01025--011 \*\*300.00

**REINSTATEMENT** 07-08

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

756 West 53 St.

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip  
33012

Country

U.S.A.

**3. Mailing Office Address**

756 West 53 Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

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

9/20/2005

**5. FEI Number**

20-3519635

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

Miriam Martinez

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

756 W. 53 Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

☒ 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

*M. Martinez*

REGISTERED AGENT MUST SIGN

Date 10/14/08

**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	Miriam Martinez	756 W. 53 Street Hialeah, FL 33012	Hialeah, FL 33012
VP	Jesus M. Porben, Jr.	756 W. 53 Street	Hialeah, FL 33012

**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:

*M. Martinez* Miriam Martinez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/08 305-822-6402  
Date Daytime Phone #