

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT -5 AM 11:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO6000124309**

1. Corporation Name

CLINICA SUNSHINE INC

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

5384 W 16TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

5384 W 16TH AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

Zip

33012

Country

US

Zip

33012

Country

US

REINSTATEMENT 09-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/06

5. FEI Number

20-5624856

☐ 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

CRUZ, ROBERTO E

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

825 SW 87 AVENUE

Suite, Apt. #, Etc.

SUITE C

City

MIAMI

State

FL

Zip Code

33174

800240493998
10/05/12--01030--009 **1200.00

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

Date

REGISTERED AGENT MUST SIGN

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,S,VP,T	CRUZ, ROBERTO E	825 SW 87 AVE SUITE C	MIAMI, FL 33174

OCT 08 2012

T. CAULEY

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I also certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #