

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 MAR 18 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000127502**

1. Corporation Name

MONTEAL HOME HEALTH CORP.

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

6820 SW 12 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33144

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT
CR2E081 (12/07) **07-08**

4. Date Incorporated or Qualified
To Do Business in Florida

10-04-06

5. FEI Number

205773704

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

OLGA MONTERO

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

6820 SW 12 ST

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33144

☒ 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

[Signature]

Date

2/27/08

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
PD	OLGA MONTERO	6820 SW 12 ST MIAMI FL	33144
VD	LUIS A. MONTERO	6820 SW 12 ST MIAMI FL	33144

500120636945
03/18/08--01036--014 **300.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/08

Daytime Phone #

B. Mitchell MAR 18 2008