

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -6 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000013732**

1. Corporation Name

APR HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

8754 E DATURA ST
MIAMI FL 33157
US

8754 E DATURA ST
MIAMI FL 33157
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18433 SW 87th Ave

Suite, Apt. #, etc.

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

USA

3. New Mailing Office Address, If Applicable

18433 SW 87th Ave

Suite, Apt. #, etc.

MIAMI

City & State

Florida

Zip

33157

Country

USA



4/26/99 90124021 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida

02/24/1993

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RUSSELL, ANGELA P	18433 S.W. 87TH PLACE	MIAMI FL 33157
D	PARISH, VERNON	18432 S.W. 87TH PLACE	MIAMI FL 33157
D	RUSSELL, SIDONIA	18433 S.W. 87TH PLACE	MIAMI FL 33157
D	HALL, KEISHA	18433 S.W. 87TH PLACE	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUSSELL, ANGELA P
9754 DATURA STREET
MIAMI FL 33157

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Angela Russell
REGISTERED AGENT MUST SIGN

Date **12/1/99**

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., 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 under section 119.07(3)(i), 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.

KE

SIGNATURE:

Angela Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/99
Date

305-2597957
Daytime Phone #

12-1-99

Division of Corporations-Annual report section

I have enclosed the signed document of what you had on file. I had previously filed paperwork and fees prior to the May deadline and my check was cashed. I am not sure what happened here but am requesting that my record be corrected. I spoke to Leslie today who advised me to send the paperwork in with this note.

Thank You

Angela Russell

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