

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 10 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029606

1. Corporation Name

UNIHEALTH MEDICAL SERVICE, INC.

Principal Place of Business

2885 S.W. 3RD ROAD
SUITE 200
MIAMI FL 33129

Mailing Address

2885 S.W. 3RD ROAD
SUITE 200
MIAMI FL 33129

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

2. New Principal Office Address, If Applicable

8821 S.W. 65th

Suite, Apt. #, etc.

Miami, FL

City & State

Zip

33174

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 453452

City & State

Miami, FL 33245

Zip

33245

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1993

5. FEI Number

65-0490468

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	DE JESUS PEREZ, LUIS J	2885 S.W. 3RD ROAD, SUITE 200	MIAMI FL 33129
PS	UGARRIZA, MIRTHA D	2885 S.W. 3RD ROAD, SUITE 200	MIAMI FL 33129

500002346935-1
-11/13/97--01092--022
****165.00 ****165.00

11-12-97

8. Name and Address of Current Registered Agent

PEREZ, LUIS D
2885 S.W. 3RD ROAD
SUITE 200
MIAMI FL 33129

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/5/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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.

SIGNATURE:

[Signature] Luis Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/97 (305) 2851578
Daytime Phone #

CR2040 (8/97)

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Unihealth Medical Service, Inc

PO Box 453452
Miami, FL. 33245

November 6, 1997

Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, FL. 32314-6327

To Whom it May Concern:

I'm writing this letter in order to explain the circumstances on why I did not renew my annual report in a timely matter. Since November of '96 I have not been at the location on 2885 S.W. 3 Ave., but despite me not practicing business there I would go pick up my mail with the landlord on a weekly basis, this went well for a short period of time but eventually it became a problem therefore leading to lost of mail. I forwarded my mail to a P.O. Box where I've been receiving my mail accordingly.

I truly wasn't aware of the deadline for renewal of my corporation in which I'm terribly sorry, I can't afford the renewal or reinstatement fee that is requested, but enclosed there is a check for One hundred sixty five dollars which I was told is the renewal fee under normal circumstances. Attached on the form there are my new addresses in order to avoid anything like this from ever happening again, further-more I am personally guaranteeing that if I never receive the document necessary to renew, I now know that I have to request it before May of each year in which I will do so. If I can be of any assistance please feel free to call me at (305) 285-1518.

Sincerely,

Luis Perez
President

