

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR 99  
REINSTATEMENT**



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

**DOCUMENT #** P93000059193

1. Corporation Name

**HIGH-TECH MEDICAL CENTER, INC**

Principal Place of Business

Mailing Address

**61 HOOK SQUARE  
MIAMI SPRINGS, FL 33166**

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

2. New Principal Office Address, if Applicable

**61 HOOK SQUARE**

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

**MIAMI SPRINGS, FL**

City & State

Zip

**33166**

Country

Zip

Country

**REINSTATEMENT 99**

4. Date Incorporated or Qualified To Do Business in Florida

**08/24/1993**

5. FEI Number

**65-0431816**

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

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
PD	RICARDO CASTRO	61 HOOK SQUARE	MIAMI SPRINGS FL, 33166
VD	SARA MARTINEZ	61 HOOK SQUARE	MIAMI SPRINGS FL 33166

**800003043408--0  
11/12/99 01120 004  
\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

**SARA MARTINEZ  
16884 NW 70th Ave  
MIAMI FL 33166**

9. Name and Address of New Registered Agent

**SARA MARTINEZ  
61 HOOK SQUARE  
MIAMI SPRINGS FL 33166**

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

**Sara Martinez**  
REGISTERED AGENT MUST SIGN

Date

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:

**Sara Martinez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/18/99**  
Date

Daytime Phone #