

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 13 PM 1:07

DOCUMENT # P93000060885

1. Corporation Name

H & M Health Care Inc.

2. Principal Office Address

1165 SW 8th St

3. Mailing Office Address

1165 SW 8th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

US

Zip

33130

Country

US

REINSTATEMENT

95-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

08-31-1993

5. FEI Number

65-0433187

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

Hector M. Soberon

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

2941 SW 27th St

Suite, Apt. #, Etc.

City

Miami, FL

State
FL

Zip Code
33133

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**

Hector M. Soberon

REGISTERED AGENT MUST SIGN

Date 04-09-01

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 | Hector M. Soberon | 2941 SW 27th St | Miami, FL 33133 |
| D | Raudel Conde | 1040 SW 70 Av Lote C 334 | Miami, FL 33144 |
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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 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:

Hector M. Soberon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-09-01

Daytime Phone #

CR2E081 (9/99)