

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 APR 29 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 930000 71785

1. Corporation Name

Hospital Organization Planning Enterprises, Inc.

Principal Place of Business

Mailing Address

9280 Ketay Circle  
Boca Raton, FL 33428

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

9280 Ketay Circle

9280 Ketay Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

November 24, 1993

5. FEI Number

Applied For

65-0453767

Not Applicable

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33428

Country

USA

Zip

33428

Country

USA

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
CEO/D	Dr. Manuel Vazquez	1394 NW 100 Ave	Coral Springs, FL 33071
VP/D	Steve Alten	9280 Ketay Circle	Boca Raton, FL 33428

100002169551-4  
-05/07/97--01066--015  
\*\*\*1253.75 \*\*\*1253.75

JB5597

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Filings, Inc.  
3732 NW 16th Street  
Ft. Lauderdale, FL 33311

Name  
Steve Alten

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

9280 Ketay Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

4/26/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Daytime Phone #

(561) 852-9940

CR20040 (1/95)