

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000076647**

1. Corporation Name

ST. Thomas CHM.C, Inc.

2. Principal Office Address

940 SW 82nd Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33144

Miami-Dade

3. Mailing Office Address

940 SW 82nd Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33144

Miami-Dade

REINSTATEMENT

9-00

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

JANUARY 13 - 1994

5. FEI Number

65-0455864

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

Miriam Osuna

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

940 SW 82nd Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33144

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

X Miriam Osuna

REGISTERED AGENT MUST SIGN

Date **3/27/00**

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
7	Miriam Osuna	940 SW 82nd Ave	Miami, FL 33144

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: **X Miriam Osuna**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

(305) 262-2030

Daytime Phone #

KE