

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.

3. Mailing Office Address  
940 SW 82nd Ave  
Suite, Apt. #, etc.

City & State  
Miami, FL  
Zip 33144 Country Miami-Dade

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Miami, FL  
Zip 33144 Country Miami-Dade

**REINSTATEMENT** 9.00

4. Date Incorporated or Qualified To Do Business in Florida  
JANUARY 13 - 1994

5. FEI Number  
05-0955864  
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 Date 3/27/00  
REGISTERED AGENT MUST SIGN

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
<u>7</u>	<u>Miriam Osuna</u>	<u>940 SW 82nd Ave</u>	<u>Miami, FL 33144</u>

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 Date 3/27/00 (305) 262-2030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**KE**