

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000084397

1. Corporation Name

Peoples of Sebring, Inc.

2. Principal Office Address

130 Medical Center Ave.

Suite, Apt. #, etc.

City & State-

Sebring, FL 33870

Zip

33870

Country

USA

3. Mailing Office Address

130 Medical Center Ave.

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip

33870

Country

USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/93

SP

5. FEI Number

65-0468175

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

Fabio Oliveros

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

130 Medical Center Avenue

Suite, Apt. #, Etc.

City

Sebring

State
FL

Zip Code

33870

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

Fabio Oliveros

Fabio Oliveros

REGISTERED AGENT MUST SIGN

Date March 16, 2001

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
DP	Fabio Oliveros	130 Medical Center Ave.	Sebring, FL 33870
DST	C.B. Patel	6801 U.S. 27 North	Sebring, FL 33870

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:

Fabio Oliveros

Fabio Oliveros

March 16, 2001

(863)

385-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)