

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1996 NOV 26 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002342

1. Corporation Name

Unimed Medical Center of Carol City, Inc.

Principal Place of Business

3700 NW 167 St.
Opa Locka, FL 33054

Mailing Address

815 NW 57th St.
Miami, FL 33129

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

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable
3700 NW 167 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Opa Locka, FL

Zip

Country

Zip

Country

33054

US

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/94

5. FEI Number

65-0462464

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	Raul Lopez-Lima	1057 W 50 Pl	Hialeah, FL

800002016528--0
12/02/96 01005-009
****375.00 ****375.00

8. Name and Address of Current Registered Agent

Roger Besu
815 NW 57th Ave, Ste. 484
Miami, FL 33129

9. Name and Address of New Registered Agent

Name
Raul Lopez-Lima

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

3700 NW 167 St.

Suite, Apt. #, Etc.

City
Opa Locka

State
FL

Zip Code
33054

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

R. Lopez-Lima

Raul Lopez-Lima

Date

11-25-96

REGISTERED AGENT MUST SIGN

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:

R. Lopez-Lima

Raul Lopez-Lima, Director 11-25-96 (305) 624-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #