

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**

97 OCT 31 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035496

1. Corporation Name

HUMANITARY HEALTH CARE, INC.

Principal Place of Business

Mailing Address

881 EAST 2ND AVE.
HIALEAH FL 33010

881 EAST 2ND AVE.
HIALEAH FL 33010

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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0489338

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSD	ACEVEDO, JORGE	2750 SW 10 TERRACE, #8	MIAMI FL

9000002336349--3
-11/03/97--01100--015
****750.00 ****750.00

10/10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACEVEDO, JORGE
2750 SW 10 TERRACE
#8
MIAMI FL 33125

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/28/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

tel: 8821100
10/29/97

CR2E040 (8/97)