

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN 25 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036337

1. Corporation Name
Dadeland Primary Care Services, Inc

Principal Place of Business Mailing Address
7400 N. Kendall Drive 7400 N. Kendall Dr.
Suite 104 Suite 104
Miami, FL 33156 Miami, FL 33156

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business In Florida

05/13/1994

5. FEI Number

65-0488984

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 9699

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Luis Cruz	2260 SW 8th St	Miami, FL 33136
Sec	Luis Cruz	2260 SW 8th St	Miami, FL 33136
Officer	Luis Cruz	2260 SW 8th St	Miami, FL 33136

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***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Gaithan F. Breton
7400 N. Kendall Dr.
Suite 104
Miami, FL 33156

9. Name and Address of New Registered Agent

Name Luis Cruz

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

2260 SW 8 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33136

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

Orlin Cruz

REGISTERED AGENT MUST SIGN

Date 1/22/99

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:

Orlin Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

Daytime Phone #

CR2ED40 (12/95)