

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000001697**

1. Corporation Name

NATIONAL CARE CENTERS NW, INC.

FILED

96 NOV 14 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7950 NW 53RD STREET STE. 210
MIAMI FL 33166

Mailing Address

7950 NW 53RD STREET STE. 210
MIAMI FL 33166

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box

141966

City & State

Coral Gables, Florida

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1995

5. FEI Number

65-0603447

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	MARTINEZ, OSVALDO S	7950 NW 53 St. Ste 210	Miami, Florida 33166
			588882886725-7 -11/18/96--01007--023 *****8.75 *****8.75
			500002006725-7 -11/18/96--01007--024 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

DIAZ, MARIALENA
7950 N.W. 53 STREET
SUITE 210
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

8325 NW 53 ST

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33166

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/7/96

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 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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #