

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

pg 1 of 2

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P95000008927

1. Corporation Name

UNIVERSAL PREVENTIVE HEALTH  
CARE CENTER CORP

Principal Place of Business

Mailing Address

5535 NW 7th AVENUE  
MIAMI FLORIDA 33127

Annual  
Report

97 MAR -4 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2.2.95	
City & State		City & State		5. FEI Number	
Zip		Country		65-0555389	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D/P	MENENDEZ, MANUEL E	5535 NW 7th AVE MIAMI FL 33127	MIAMI FL 33127
D/SA NP	NOGUEIRAS, MARY S	989 NW 156 AVENUE PEMBROKE PINES, FL	PEMBROKE PINES, FL 33028
			200002105372--1 -03/05/97-01103-014 ****373.75 ****373.75
			96-97
			A. Alan 3/4/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name MANUEL E. MENENDEZ		
Street Address (P.O. Box Number is Not Acceptable) 5535 NW 7 AVENUE		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33127

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 Manuel E. Menendez	Date 3/4/97
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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 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: <i>Manuel E. Menendez</i>	Date 3/4/97	Daytime Phone # 756.4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President		

CR2E040 (12/96)

3/4/97

I, Manuel H. Suesady, President of  
Universal Puerto Rican Health Care Center  
Corp. never received my 1996  
Annual Report Form, therefore, I please  
ask that you waive the Re-instatement  
Fee.

Thank you.

Manuel H. Suesady  
President.

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