

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

98 DEC 31 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P95000017731

MIAMI MODIFICATION CENTER, INC.

Principal Place of Business

Mailing Address

MIAMI INTERNATIONAL AIRPORT  
BUILDING 20 BAY 20  
MIAMI FLORIDA 33166

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
4200 N.W. 36th STREET

3. New Mailing Address, if Applicable  
P.O. BOX 660520

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 2, 1995

Suite, Apt. #, etc.  
BLDG. 20 BAY 22

Suite, Apt. #, etc.

5. FEI Number

65-0560576

Applied For

Not Applicable

City & State  
MIAMI FLORIDA

City & State  
MIAMI SPRINGS, FLORIDA

Zip  
33166

Country  
USA

Zip  
33266

Country  
USA

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<br>and/or Directors | 3 Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|----------------------|--|---|----------------------|
| DIRECTOR<br>P/V/P/S/ | JORGE CARDENAS                         | 4200 NW 36th Street<br>Building 20 Bay 22   | Miami, FL 33166      |
|                      |  |   |                      |
|                      |  |   |                      |
|                      |  |   |                      |
|                      |  |   |                      |
|                      |  |   |                      |
|                      |  |   |                      |

500002730575--9  
-01/05/99--01064--009  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

12/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JORGE CARDENAS  
9767 N.W. 30TH STREET  
MIAMI FLORIDA 33172

Name

MIAMI CORPORATE SYSTEMS

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

5200 BLUE LAGOON DRIVE, SUITE 700

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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]*  
REGISTERED AGENT MUST SIGN

Date

12/30/98

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE CARDENAS

Date

Daytime Phone #

12-30-98 305-8700242

CR2E040 (12/95)