

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 10 PM 2:28

DOCUMENT # P95000020958

1. Corporation Name

BENEFICIAL MED-HOME, INC.

Principal Place of Business

Mailing Address

862 WEST 80TH STREET  
HIALEAH FL 33040

862 WEST 80TH STREET  
HIALEAH FL 33040

12460 SW 8 ST #208  
MIAMI-FL-33184

12460 SW 8 ST #208  
MIAMI-FL-33184

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



REINSTATEMENT 99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

03/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0565051

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
PD	MERCEDES PAZ, MARIA DE L	12460 S.W. 8 STREET, SUITE 208	MIAMI FL 33184

000003053210--5  
-11/23/99--01058--024  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERCEDES PAZ, MARINA DE L  
12460 S.W. 8 STREET  
SUITE 208  
MIAMI FL 33184

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

M. Paz

REGISTERED AGENT MUST SIGN

Date

11/6/99

11. 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

M. Paz M. Mercedes Paz

Date

11/6/99

Daytime Phone #

AD