

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P95000020958

1. Corporation Name

BENEFICIAL MED-HOME, INC.

Principal Place of Business

Mailing Address

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.

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

Zip

Country

Zip

Country

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	VALDES, ALBERTO	12460 S.W. 8 ST #208	MIAMI FL 33184

800004696108-1
-11/28/01--01012--024
****750.00 ****750.00

REINSTATEMENT 01 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ALBERTO VALDES

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

12460 SW 8 ST #208

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

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

Date

11/15/01

REGISTERED AGENT MUST SIGN

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-01

(305) 226 0494

CR2E040 (8/00)