

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 OCT 27 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000022736

1. Corporation Name

GOLDEN HEALTH CARE GROUP, INC

Principal Place of Business

Mailing Address

2070 NW 7TH ST 2070 NW 7TH ST

MIAMI FL 33125 MIAMI FL 33125

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

3/21/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$4.75 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D, P	FERNANDO GONZALEZ	2070 NW 7TH ST	MIAMI, FL 33125

4000002332864--0
-10/29/97--01096--002
****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDO GONZALEZ
2070 NW 7TH ST
MIAMI FL 33125

Name

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

Suite, Apt. # Etc.

City

State

Zip Code

FL

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

F. Gonzalez

REGISTERED AGENT MUST SIGN

Date

10/22/97

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:

F. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO GONZALEZ

10/22/97

Date

Daytime Phone #

-305-
649-7171