

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025502

1. Corporation Name

HEALTH CARE AND THERAPY CENTER,
INC

2. Principal Office Address - No P.O. Box #

3970 SW 67 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

7752 NW 71st

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, Florida

Zip

33155

Country

US

Zip

33166

Country

US

REINSTATEMENT 96-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/95

5. FEI Number

65-0568170

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DIEGO PRIETO

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

7752 NW 71st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Diego Prieto
REGISTERED AGENT MUST SIGN

Date

04/27/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR.	Liares Dominguez	3160 SW 139 AVE	Miami, FL. 33175

400102094804
05/10/07--01003--032 **2435.00

10. 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 contained in Chapter 119, 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:

Liares Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/27/07

Daytime Phone #

305-6676207