

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 JUL 28 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000025731

1. Corporation Name

FOXY CARE OF FLORIDA

65-0568197

Principal Place of Business

Mailing Address

SAME

5582 West Flagler  
MIAMI FL 33134

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

2. New Principal Office Address, If Applicable

3416 SW 8 st.

Suite, Apt. #, etc.

City & State

Miami

FLA.

Zip

33135

Country

USA

3. New Mailing Office Address, If Applicable

3416 SW 8 st

Suite, Apt. #, etc.

ph. (305) 4438007

City & State

Miami

FLORIDA

Zip

33135

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65 0568197

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Presid	Pura Bosch	11750 SW 18 st	Miami FL 33175

400002255304--U  
-08/01/97--01032--004  
\*\*\*\$15.00 \*\*\*\$15.00

REINSTATEMENT 96-97

a. Man  
7/28/97

8. Name and Address of Current Registered Agent

Pura Bosch  
11750 SW 18 st  
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

LULIANA Chalg

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

3416 SW 8 street

Suite, Apt. #, Etc.

ph. (305) 443-8007

City

Miami

State

FL

Zip Code

33135

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

REGISTERED AGENT MUST SIGN

Date 7/16/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/97

Daytime Phone #

554 0177

CR2E040 (12/96)