

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000042714

1. Corporation Name

COMPLETE HEALTH MANAGEMENT CORP

2. Principal Office Address

8125 NW 74 Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay #5

City & State

Miami, Florida

City & State

Zip

33166

Country

U.S.

Zip

Country

REINSTATEMENT 1999-2001

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/1/95

5. FEI Number

650592871

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

Linette Lopez

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

14331 SW 22 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33175

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**

Linette Portugues
REGISTERED AGENT MUST SIGN

Date 11/14/01

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
PD	Henry A. Portugues	14331 SW 22 Street	Miami, Florida 33175
VP, T	Linette Lopez	14331 SW 22 Street	Miami, Florida 33175

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 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

11-14-01

Date

305 888 4992

Daytime Phone #