

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P95000042714

1. Corporation Name

Complete Health Mgmt Corp.

2. Principal Office Address

14331 SW 22 ST

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33175

Country

U.S.A.

3. Mailing Office Address

P.O. Box 557846

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33255

Country

U.S.A.

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/95

5. FEI Number

65-0592871

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 ST

Suite, Apt. #, Etc.

Miami Fla

City

Miami

000040936540

09/09/04--01066--002 **450 010

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

[Signature]

Date

9/1/04

REGISTERED AGENT MUST SIGN

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
Pres	Anthony Rodrigues	14331 SW 22 ST	Miami Fla 33175
VT	Linette Lopez Rodrigues	14331 SW 22 ST	Miami Fla 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04

Date

786-350-4423

Daytime Phone #

CR2E081 (01/04)

6