

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 JUN 26 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064917

1. Corporation Name

GREATER MIAMI HEALTH CENTER, INC.

Principal Place of Business

1715 RED ROAD
MIAMI, FL 33155

Mailing Address

1715 RED ROAD
MIAMI, FL 33155

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

2. New Principal Office Address, If Applicable
1896 SW 57 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

3. New Mailing Office Address, If Applicable
1896 SW 57 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-22-95

5. FEI Number

65-0602713

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
DP	LOURDES CABALLERO	1896 SW 57 AVENUE	MIAMI, FL 33155
DS	ZENaida FERRO-RODRIGUEZ	1896 SW 57 AVENUE	MIAMI, FL 33155
			000002227470-8 -07/01/97-01035-004 ****923.75 ****923.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

LOURDES CABALLERO
1715 RED ROAD
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name
LOURDES CABALLERO
Street Address (P.O. Box Number Is Not Acceptable)
1896 SW 57 AVENUE
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33155

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

LOURDES CABALLERO

REGISTERED AGENT MUST SIGN

Date

6/25/97

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:

LOURDES CABALLERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOURDES CABALLERO, PRESIDENT

6/25/97 (305) 267-0333

Date Daytime Phone #

CP25000 (12/96)