

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB -3 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

15000068248

1. Corporation Name

Associates Medical Center, Inc

Principal Place of Business

801 W 48 Street
Hialeah, FL 33012

Mailing Address

801 W 48 Street
Hialeah FL
33012

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

2. New Principal Office Address, If Applicable

801 W 48 St

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33012

Country

Dade

Zip

33016

Country

Dade

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 15 - 95

5. FEI Number

65-0610161

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Ileana Martinez	9860 NW 137 St Hialeah FL 33012	Hialeah Garden FL 33012

300002079463-9
02/06/97-01009-011
***390.00 ***390.00

JB2-4-97

8. Name and Address of Current Registered Agent

Ileana Martinez
9860 NW 137 St
Hialeah Garden FL 33016
Ignacio Morales
846 W 41 Street
Hialeah FL 33012

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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

Ileana Martinez
REGISTERED AGENT/MUST SIGN

Date

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Ileana Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-362-9937

CR2E040 (12/96)