

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

98 DEC -3 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084576

1. Corporation Name

QHF, Inc.

Principal Place of Business

800 North Miami Ave.  
Suite 1506  
Miami, FL 33136

Mailing Address

800 North Miami Ave.  
Suite 1506  
Miami, FL 33136

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

2. New Principal Office Address, If Applicable

7200 NW 7th Street

3. New Mailing Office Address, If Applicable

7200 NW 7th Street

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

Suite 320

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/3/95

5. FEI Number

65-0636471

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
P	Edward L. Hibshman	800 North Miami Ave #1506	Miami, FL 33136

REINSTATEMENT

96-98  
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8. Name and Address of Current Registered Agent

WLMC Registered Agents, Inc.  
701 Brickell Avenue  
Suite 2000  
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name  
United States Registered Agents, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
329 Granello Avenue  
Suite, Apt. #, Etc.  
City  
Coral Gables  
State  
FL  
Zip Code  
33146

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 12-2-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(l), 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:

EDWARD L. HIBSHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-98

Date

305.261.0065

Daytime Phone #

CFR204011/98