

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 DEC 23 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000009729**

1. Corporation Name

NEW VILLAGE HEALTH CARE, INC.

Principal Place of Business
**12893 S.W. 42ND STREET
MIAMI FL 33175**

Mailing Address
**12893 S.W. 42ND STREET
MIAMI FL 33175**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0637348

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	SOTO, ALBA Z	3011 S.W. 122ND AVENUE	MIAMI FL 33175
DI.V.P.	SOTO, CARLOS A.	3011 SW 122 Ave	MIAMI FL 33175
SECRETARY DIR.	PEREZ, JUAN	3011 SW 122 Ave.	MIAMI FL 33175

4000002384414-1
-12/29/97-01072-002
****173.75 ****173.75
SL
12-25-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SOTO, ALBA Z
3011 S.W. 122ND AVENUE
MIAMI FL 33175**

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

ALBA Z. SOTO AGENT MUST SIGN

Date

12/19/97

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)(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

12/19/97 (205) 225-1122
Date Daytime Phone #

CR2040 (8/97)



12893 S.W. 42 Street • Miami, Florida 33175
Phone: (305) 225-1122 • Fax: (305) 223-0209

December 19, 1997

Secretary of State
Corporate Reinstatement
Tallahassee, Florida

Gentlemen:

As you are aware, we filed and paid the required Corporate registration Fee in February, 1997; however, due the lack of the Federal I.D. number, the application was returned by you to us and for some reason, it got lost in the mail.

We were under the impression that we were registered. We were surprised to find out through the receipt of the Application for Reinstatement that our Corporation had been dissolved.

We are attaching a new Application for Reinstatement, together with a check in the amount of \$173.75 which is for the registration and a Certificate of Status.

We are sorry for the inconvenience that this may have caused, and take this opportunity to thank you for your kind consideration and patience in this matter.

Sincerely,

Alby Z. Soto
President