

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000014528

1. Corporation Name

GOLDEN HEALTH REHABILITATION CENTER, INC.

Principal Place of Business

7383-7385 S.W. 24 ST
MIAMI FL 33155
US

Mailing Address

6715 TAMiami CANAL RD
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

02/13/1996

5. FEI Number

65-0639981

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
PVST	FAJARDO, ALICIA ✓	6715 TAMiami CANAL RD ✓	MIAMI FL 33126 ✓
D	FAJARDO, ALICIA ✓	6715 TAMiami CANAL RD ✓	MIAMI FL 33126 ✓

900002709639--6
12/11/98 01004-003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FAJARDO, ALICIA
6715 TAMiami CANAL RD
MIAMI FL 33126

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

ALICIA FAJARDO
REGISTERED AGENT MUST SIGN

Date

11/18/98

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)(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:

ALICIA FAJARDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 DEC -7 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2000 (9/98)