

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 # **P96000027269**

1. Corporation Name

METROMED OF MIAMI, INC.

Principal Place of Business

**12510 KENDALL DRIVE
MIAMI FL 33186**

Mailing Address

**12510 KENDALL DRIVE
MIAMI FL 33186**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1996

5. FEI Number

65-0674813

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
Dir/Pres	Oscar L. Hernandez	12510 N. Kendall Drive	Miami, Florida 33186
Director	Thomas V. Hernandez	12510 N. Kendall Drive	Miami, Florida 33186
Director	Robert V. Hernandez	12510 N. Kendall Drive	Miami, Florida 33186
Dir/Secy.	Regina Stone	12510 N. Kendall Drive	Miami, Florida 33186

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******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**PARISH, DAVID F
200 E. BROWARD BLVD.
FORT LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name **Oscar L. Hernandez**
Street Address (P.O. Box Number is Not Acceptable)
12510 Kendall Drive
Suite, Apt. # Etc. **Miami**
City **FL** State **FL** Zip Code **33186**

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 **11/20/97**

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97
Date

305 279 1515
Daytime Phone #