

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Marine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030792

1. Corporation Name

NUEVITAS HOME FOR THE ELDERLY INC.

Principal Place of Business

Mailing Address

7511 S.W. 36TH ST.  
MIAMI FL 33155

7511 S.W. 36TH ST.  
MIAMI FL 33155

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

04/09/1996

5. FEI Number

65-0656430

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	4 City / State / Zip
P	DEL REY, MIRTHA C	7511 S.W. 36TH ST.	MIAMI FL 33155
			900003027289--3
			-10/28/99--01002--001
			***150.00 ***150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEL REY, MIRTHA C  
7511 S.W. 36TH ST.  
MIAMI FL 33155

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

REGISTERED AGENT MUST SIGN

Date

10/09/99

11. 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

Date

Daytime Phone #

CR2040 (8/99)

My name is Michael Del Rey ②  
7511 SW 36 St  
Miami FL 33155

Nuevitas Home for the Elderly Inc.  
Document # P96000030792

I NEVER RECEIVED THE FIRST TIME  
NOTICE. HOW CAN THIS HAPPEN  
I RECEIVED THE NOTICE OF  
CANCELLATION ~~TO~~ BUT ~~DO~~ NOT THE  
FIRST NOTICE, AS YOU CAN SEE  
I RATHER PAY 150. RATHER THAN  
750.

Thank you  
Michael Del Rey  
(305) 9784480

I spoke to  
Ms. Cristine  
by phone