

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 DEC 20 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000033177**

1. Corporation Name

CONTINUUM MEDICAL CARE, INC.

Principal Place of Business

Mailing Address

3233 PALM AVENUE
HIALEAH FL 33012

3233 PALM AVENUE
HIALEAH FL 33012

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

04/16/1996

5. FEI Number

65-0725609

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	DE CESPEDES, KARLA	7125 LAGO DRIVE EAST	CORAL GABLES FL 33143
CO	DE CESPEDES, RAUL	3233 PALM AVENUE	HIALEAH FL 33012
VCO	MENENDEZ, HUGO	3233 PALM AVENUE	HIALEAH FL 33012

100003099121--9

-01/14/00--01065--018

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE CESPEDES, KARLA
7125 LAGO DRIVE EAST
CORAL GABLES FL 33143

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

[Signature] **SIGNATURE REQUIRED**

Date

12/16/99

REGISTERED AGENT MUST SIGN

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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

305-805-0100

CR2E040 (8/99)