PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 DEC 10 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000036053**

1. Corporation Name
HEALTH FAMILY INSURANCE, INC.

Principal Place of Business	Mailing Address
1800 W. 49TH ST., STE. 324-G HIALEAH FL 33012	1800 W. 49TH ST., STE. 324-G 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
6841 W 25 LN.	P.O. BOX 160038
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Fl.	City & State: Hialeah, Fl.
Zip: 33016 Country:	Zip: 33016 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 04/25/1996

5. FEI Number: 650662907 ☐ 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
PD	EPINOSA, FERNANDO SR.	1800 W. 49TH ST., STE. 324-G	HIALEAH FL 33012
VSD	EPINOSA, FERNANDO JR.	1800 W. 49TH ST., STE. 324-G	HIALEAH FL 33012

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-12/16/97--01092--008
****165.00 ****165.00

12/10/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ESPINOSA, FERNANDO JR. 1800 W. 49TH ST., STE. 324-G HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

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: Fernando Espinosa Date: 11/18/97
REGISTERED AGENT MUST SIGN

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: Fernando Espinosa JR. 11/18/97 (305)822-0183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Health Family Insurance

HMO • PPO • Private Ins • Life Ins •
(305) 822-0783 Fax (305) 826-0911

FERNANDO ESPINOSA
President

PO Box 160038
Hialeah FL. 33016-0001

November 19, 1997

To whomever this may concern:

This letter is to inform you that Health Family Insurance was not informed of the reinstatement fee nor application due at the commencement of each year. Considering, this being our first year, please, do accept our apologies.

Sincerely,

Fernando Espinosa Jr.

Fernando Espinosa Jr.
Vice President and Registered Agent

jae
Enclosures (2)