

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

1800 W. 49TH ST., STE. 324-G
HIALEAH FL 33012

Mailing Address

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

6841 W 25 LN.

3. New Mailing Office Address, If Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

500002373755--9
-12/16/97--01092--008
***165.00 ***165.00

8. Name and Address of Current Registered Agent

ESPINOSA, FERNANDO JR.
1800 W. 49TH ST., STE. 324-G
HIALEAH FL 33012

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

Fernando Espinosa Jr.
REGISTERED AGENT MUST SIGN

Date

11/18/97

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Espinosa Jr.

Date

11/18/97 (305) 822-0783
Daytime Phone #

CR2ED04 (8/97)

(2)

Health Family Insurance

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

FERNANDO ESPINOSA
President

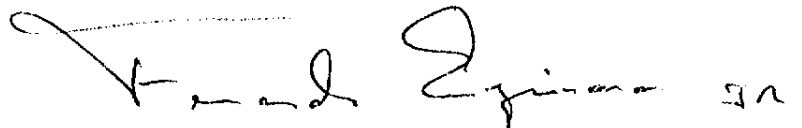
PO Box 160038
Hialeah FL 33016-0001

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.
Vice President and Registered Agent

jae

Enclosures (2)