

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 DEC -3 PM 3:49

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #**

P96000044174

LTC KIOSK MANAGEMENT CORPORATION
5200 N.W. 77 Court
Miami, Florida 33166

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
800 Brickell Avenue, #400

City and State Zip Code
Miami, Florida 33131

3. If Principle Office Address is different from mailing address, enter address below:

Address
800 Brickell Avenue, #400

City and State Zip Code
Miami, Florida 33131

4. Date Incorporated or Qualified
To Do Business In Florida
05/23/1996

5. FEI Number
65-0793116

FEI Number Applied For
FEI Number Not Applicable

6. **\$8.75 Additional Fee required
for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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
D/P	Nicolas Molina	800 Brickell Avenue, #400	Miami, Florida 33131
S	Lazarus Rothstein	800 Brickell Avenue, #400	Miami, Florida 33131

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Lazarus Rothstein
11077 Biscayne Boulevard PH
Miami, Florida 33161

9. If changed, new registered agent / office

Name **4000002366064--6**
-12/08/97-01141--001
*****375.00--***375.00**
Street Address (Do NOT Use P.O. Box Number)
800 Brickell Avenue, #400
Street Address (Do NOT Use P.O. Box Number)
4000002366064--6
-12/08/97-01141--002
*****375.00--***375.00**
City
Miami

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

Date **12/ 02 /97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date **12/ 02 /97**

Daytime Phone #

305/388-8255

Lazarus Rothstein, Secretary