

APPLICATION  
FOR  
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC 16 AM 9:56

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PACIFIC HEALTH CARE, INC.

Principal Place of Business

Mailing Address

 2742 SW 8 STREET  
 SUITE 8  
 MIAMI, FL 33135

 2742 SW 8 STREET  
 SUITE 8  
 MIAMI, FL 33135

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0672326

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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
P	SUCO, MARIA C.	7220 SW 19 TERRACE	MIAMI, FL 33155

 800003083286  
 -12/29/99-01079-018  
 \*\*\*\*\*158.75 \*\*\*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 SUCO, MARIA C.  
 7220 SW 19 TERRACE  
 MIAMI, FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

12/8/99

 11. This corporation owes 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 provided 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 #

 Maria C. Soco  
 MARIA C. Soco  
 12/8/99 (305) 631-9911