

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 24 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000067339*

1. Corporation Name

Columbus Health Center, INC.

Principal Place of Business

*1281 N.W. 6 Street
Miami, Florida 33125*

Mailing Address

*1281 NW 6 Street
Miami, Florida 33125*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1281 NW 6 Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1281 NW 6 St.

Suite, Apt. #, etc.

City & State

Miami FLA

Zip

33125

Country

DADE

City & State

Miami FLA

Zip

33125

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/96

5. FEI Number

65-0686087

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<i>D</i>	<i>de ARAGON, Alberto</i>	<i>1005 NW 126 Court</i>	<i>Miami FLA 33182</i>
			<i>600002384386--9</i>
			<i>-12/29/97--01061--023</i>
			<i>****758.75 ****758.75</i>
			<i>97</i>
			<i>SL 12-24-97</i>

REINSTATEMENT

8. Name and Address of Current Registered Agent

*deARAGON, Alberto
150 NW 29 St.
Miami FL 33127*

9. Name and Address of New Registered Agent

Name *ROLANDO HERNANDEZ-ROJAS*
Street Address (P.O. Box Number is Not Acceptable)
1281 NW 6 Street
Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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]

THE REGISTERED AGENT MUST SIGN

Date

12/23/97

11. 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.)

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

Alberto de ARAGON

12/19/97 (305)324-1900

Date

Daytime Phone #

CR25040 (12-96)