

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 990000080422

1. Corporation Name

SOLIMAR MEDICAL CENTER, INC
3817 SW 8th STREET
MIAMI, FL 33134

Mailing Address

Principal Place of Business

3817 SW 8TH STREET
MIAMI, FL 33134

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0697603

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P7D	GILBERTO HERRERA	380 NW 85TH PLACE,	MIAMI, FL 33135
			600002440936--3
			-02/25/98--01096--012
			****300.00 ****900.00

8. Name and Address of Current Registered Agent

GILBERTO HERRERA
380 NW 85TH PLACE
MIAMI, FL 33135

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

REGISTERED AGENT MUST SIGN

Date 2/3/98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/98

CRPD040 (6/94)

FILED
98 FEB 24 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-98