

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

98 MAY 22 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000085547**

1. Corporation Name

DADE COLLECTION SERVICES CORPORATION

Principal Place of Business

**430 CALIGULA AVENUE
CORAL GABLES FL 33146**

Mailing Address

**430 CALIGULA AVENUE
CORAL GABLES FL 33146**



500002545775--0

-06/03/98--01041--007

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

2. New Principal Office Address, If Applicable

542 SW 12 Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 141284
Suite, Apt. #, etc.

4. Date Incorporated or To Do Business in Florida

10/14/1996

5. FEI Number

65-0701338

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)

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
P	SANCHEZ, ROBERTO E	430 CALIGULA AVE.	CORAL GABLES FL 33146
V	SANCHEZ, LOURDES A	430 CALIGULA AVE.	CORAL GABLES FL 33146

REINSTATEMENT 97-98

5-29-98

8. Name and Address of Current Registered Agent

**SANCHEZ, ROBERTO E
430 CALIGULA AVENUE
CORAL GABLES FL 33146**

9. Name and Address of New Registered Agent

Name

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

430 Caligula Ave
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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/97

5/20/98

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]

Roberto E. Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/98

10/23/97

Date

Daytime Phone #

(305) 644-0411

CR2E040 (8/97)