PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 25 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010331

1. Corporation Name

San Lazaro Retirement Home, Inc.

2. Principal Office Address

9795 N.W. 27th Terrace

Suite, Apt. #, etc.

City & State
Miami

Zip
33174

Country
US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Florida

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida   Feb. 3, 1997

5. FEI Number
65-0735654   -

☐ Applied For
☐ Not Applicable

6.
CERTIFICATE OF STATUS DESIRED X X

7. Name and Address of Current Registered Agent

Name
Mildrey C. Cardet

Street Address (P.O. Box Number is Not Acceptable)
9795 N.W. 27th Terrace

Suite, Apt. #, Etc.

City
Miami, Florida 33172

State
FL

Zip Code
33172

30000311S353
-01/31/00--0101--001
****458.75 ****458.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date 01/20/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Mildrey C. Cardet	9795 N.W. 27th Terrace Same as above	Miami, Fl 33172
			99-00 TS AR

10. 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

01/20/00 Date

(305) 716-0371 Daytime Phone #