PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

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CORPORATION REINSTATEMENT

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

DOCUMENT # P97000010331

01.02 UBK

1. Corporation Name

San Lazaro Retirement Home

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****150.00 ****150.00

2. Principal Office Address	**3.** Mailing Office Address
9795 N.W. 27th Terrace	4320 N.W. 114th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33172	City & State: Miami, FL 33178
Zip: 33172 Country: US	Zip: 33178 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: Feb. 03, 1997

5. FEI Number: 65-0735654 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for a Certificate of Status

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

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Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33172

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: Mildrey C. Cardet
REGISTERED AGENT MUST SIGN

Date: 01/07/02

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
DP	Manuel Garcia	4632 N.W. 97th PL.	Miami, FL 33178

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****150.00 ****150.00

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: Manuel Garcia MaNuel Garcia DP 01/07/02 305 716-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

UBK

January 07, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

RE: **San Lazaro Retirement Home, Inc.**
9795 N.W. 27th Terrace
Miami, FL. 33172

This is a request to waive late penalty fees to reinstate the above corporation. I never received my 2001 UBR Report. Please consider the fact that this is a retirement home and I' ve had problems with a mental resident that has taken my mail on several ocasions. **I am sending along with this letter the reinstatement form and a total of $308.75 to cover the year of 2001 and 2002.**

If you would be so kind and send me any correspondence to my home address which is **4320 N.W. 114th Place, Miami, Florida 33178** and please put it to my attention **Manuel Garcia**. Your help will be greatly appreciated.

Thank you,

Manuel Garcia
DP

MG;bms