

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

2000 UBR

P8192

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000027832**

1. Corporation Name

MAYA-CHAN HEALTHNETWORK, INC.

Principal Place of Business

Mailing Address

**1413B S.W. 107TH AVENUE
MIAMI FL 33174**

**1413B S.W. 107TH AVENUE
MIAMI FL 33174**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33174

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1997

5. FEI Number

65-0747645

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MAGAZ, AMERICA	1413B S.W. 107TH AVENUE	MIAMI FL 33174

500003473515--4
-11/21/00--01111--018
******150.00 ****150.00**

SP

8. Name and Address of Current Registered Agent

**MAGAZ, AMERICA
1413B S.W. 107TH AVENUE
MIAMI FL 33174**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

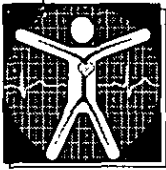
Date **11-1-00**

11. 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 REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00 (305) 485-0916
Date Daytime Phone #

CR2E040 (8/00)



University Outpatient Rehabilitation

49292

America Magaz
President/C.E.O.

November 1, 2000

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Failure of U.S. Postal Service to deliver
dated material from Annual Report Section.

Gentlemen:

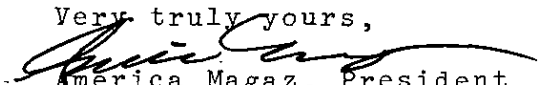
Please accept our failure to send your office the necessary information in a timely manner. Unfortunately the negligence of the postal service to deliver our mail correctly was the root cause of the delay.

It came to our attention that our mail was being delivered to a different mail box in the shopping center mail box where in all of the business establishments received their mail. We never received your first notice of taxes due.

The negligence of the postal service here reached a point wherein we were required to contact Mr. Armando Marsal, Postal Service Manager for Area Code 33174; and his supervisor Mr. Larry Suarez, and have them visit our center three time since the original occurrence/failure. We have been located here for the past 2 years and 10 months.

Please accept my apology for the foregoing failure to comply. I have enclosed a check for the specified amount.

Very truly yours,


America Magaz, President
Maya-Chang Healthnetwork, Inc.
d/b/a University Outpatient Rehabilitation

cc: file