

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000032684

1. Corporation Name

AMED PATROL OF FLORIDA, INC.

01 JAN 30 PM 4:28

Mailing Address

5255 WEST 26TH COURT
HIALEAH FL 33016

Principal Place of Business

5255 WEST 26TH COURT
HIALEAH FL 33016

REINSTATEMENT 00-01

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

0415/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied I

City & State

City & State

65-0743295

Not Appl

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee for a Certificate of S

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/S/ D/	AMADA RUZ	5255 W. 26TH COURT	HIALEAH FL 33016

100003654331--1
-02/06/01--01082--012
***300.00 ***300.00

12/12/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMADA - RUZ
5255 W. 26TH COURT
HIALEAH FL 33016

Name

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

Suite, Apt. #, Etc.

City

State

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

Amada Ruz

AMADA M. RUZ

Date

1-26-01

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side 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 further 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 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 the 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 it were under oath.

SIGNATURE:

Amada Ruz

AMADA M. RUZ

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

12/12/00

561-5886844

Date

Daytime Phone #