

2005 FOR PROFIT CORPORATION REINSTATEMENT

1052

FILED

05 DEC -1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034878

1. Entity Name
PRINCE OF PEACE ELDERLY CARE FACILITY INC.



Principal Place of Business
13232 NW 9 LANE
MIAMI, FL 33182

Mailing Address
13232 NW 9 LANE
MIAMI, FL 33182



REINSTATEMENT 05
2005 REINSTATEMENT 05
CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-7050734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTOLONGO, ADEL
13238 NW 9 LANE
MIAMI, FL 33182

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P.	<input checked="" type="checkbox"/> Delete
NAME	SOTOLONGO, MIRTA	
STREET ADDRESS	13232 NW 9 LANE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SOTOLONGO, YANIRA	
STREET ADDRESS	13232 NW 9 LANE	
CITY-ST-ZIP	MIAM, FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Yanira Sotolongo (P)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13232 NW 9 Lane	
STREET ADDRESS	Miami, FL 33182	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

11/28/05

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
PRINCE OF PEACE ELDERLY CARE FACILITY, INC.
DOCUMENT # P97000034878**

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November 8, 2005

To Whom It May Concern:

I am writing this letter to explain the reason why I did not file the annual report, For the year 2005, I never received the letter for the renewal. I was expecting for the Letter and never got on my mail for this reason I am writing this letter to consider this inconvenience and renew it without any late fee. I am enclosing the payment for the year of \$150.00

I feel sorry for any inconvenience.

If you have any question do not hesitate to contact me at (786)306-2610

Sincerely,



**ADEL SOTOLONGO
REGISTERED AGENT**