

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000047905

1. Corporation Name

MATTAPAN OF FLORIDA, INC.

Principal Place of Business

601 BRICKELL KEY DR STE 805
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DR STE 805
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable
Manuel Diner, P.A.

Suite, Apt. #, etc.
141 NE 3rd Ave., Ste. 601

City & State
Miami, Florida 33132

Zip Country
33132 USA

3. New Mailing Office Address, If Applicable
Manuel Diner, P.A.

Suite, Apt. #, etc.
141 NE 3rd Ave., Ste. 601

City & State
Miami, Florida 33132

Zip Country
33132 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1997

5. FEI Number

65-0771555

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 |
|---------------|---|--|-------------------------|
| R | RUGGI, EDUARDO A | 501 BRICKELL KEY DRIVE SUITE 407 | MIAMI FL 33131 |
| S | RUGGI, EDUARDO A | 501 BRICKELL KEY DRIVE SUITE 407 | MIAMI FL 33131 |
| DP | VAZQUEZ, GERARDO A | 501 BRICKELL KEY DR STE 407 | MIAMI FL 33131 |
| DP | FERNANDEZ, GUSTAVO | 141 NE 3rd Avenue, Ste. 601 | MIAMI, FLORIDA 33132 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

PROFLET, VAZQUEZ & HESS
501 BRICKELL KEY DRIVE
SUITE 407
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Manuel Diner, P.A.
Street Address (P.O. Box Number is Not Acceptable)
141 NE 3rd Avenue, Ste. 601
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33132

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 4-11-01

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

4-11-01

Date

Daytime Phone #

FILED

01 APR 23 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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