

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063408

1. Corporation Name

FARALI HOME FOR THE ELDERLY, INC.

Principal Place of Business

6261 NW 110 ST
HIALEAH FL 33012
US

Mailing Address

5832 WEST 16TH LANE
HIALEAH FL 33012



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1997

5. FEI Number

65-0772829

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
D	RODRIGUEZ, FARA M	5832 WEST 16TH LANE	HIALEAH FL 33012

600008700036
10/30/02--01078--011 **150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, FARA M
5832 WEST 16TH LANE
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-23-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)

October 23, 2002

Florida Department of State

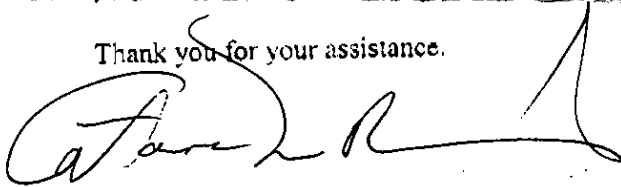
Re: P97000063408 Farali Home for the Elderly Inc

Dear Sir/Madam:

This is to request a waiver of the reinstatement fee of Farali Home for the Elderly Inc.

This is the first document we receive from your office. We did not receive any of the two prior uniform business reports notices mentioned in your letter.

Thank you for your assistance.

A handwritten signature in dark ink, appearing to read 'Fara M. Rodriguez', with a large, stylized flourish extending from the end of the signature.

Fara M. Rodriguez