PLEASE READ ALL INSTRUCTIONS

APPLICATION FOR REINSTATEMENT

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

FILED
00 JUN -2 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063796

1. Corporation Name: R & H Medical Center, Inc.

Principal Place of Business: 1868 SW 17 Street, Miami, FL 33145

Mailing Address:

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

2. New Principal Office Address, If Applicable: 888 NW 27 Ave.
Suite, Apt. #, etc.:
City & State: Miami, FL
Zip: 33125 Country: USA

3. New Mailing Office Address, If Applicable: 888 NW 27 Ave.
Suite, Apt. #, etc.:
City & State: Miami, FL
Zip: 33125 Country: USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida: 07-23-97

5. FEI Number: 65-0769636 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	REYNALDO PEREZ	13727 SW 12 ST	Miami, FL 33184
VICE PRESIDENT	HORTENSIA FERNANDEZ	13727 SW 12 ST Miami, FL 33184	Miami, FL 33184

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent:
Hortensia M. Perez
1868 SW 17 Street
Miami, FL 33145

9. Name and Address of New Registered Agent:
Name: Hortensia Fernandez
Street Address (P.O. Box Number is Not Acceptable): 13727 SW 12 St.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33184

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] V.P. Date: 6-1-00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] V.P. 6-1-00 305-229-8583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #