

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 FEB 11 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000076839**

1. Corporation Name

ECUMED & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**4778 S.W. 154 AVE.
MIAMI - FL 33185**

**4778 S.W. 154 AVE.
MIAMI - FL 33185**

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

2. New Principal Office Address, If Applicable

**8524 N.W. 66 STREET
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**8524 N.W. 66 STREET
Suite, Apt. #, etc.**

4. Date incorporated or Qualified
To Do Business in Florida

09-05-1997

5. FEI Number

65-0778569

Applied For

Not Applicable

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP/ST	AMADOR REYES, JR.	8524 N.W. 66 STREET MIAMI - FL 33166	MIAMI - FL 33166

8. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES - FL 33134**

9. Name and Address of New Registered Agent

Name

AMADOR REYES JR.

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

8524 N.W. 66 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

Amador Reyes Jr.

REGISTERED AGENT MUST SIGN

Date **2-10-99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMADOR REYES JR.

2-10-99

Date

Daytime Phone #