

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 16 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000080000

1. Corporation Name

PANTHEON SUPERIOR HEALTHCARE, INC.

2. Principal Office Address

P.O. BOX 402214

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

P.O. BOX 402214

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/16/97

5. FEI Number

65-0780949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANGELA M. LOMBARDI

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

551 NE S3 St.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

000003184320-4
-03/27/00-01010-007
****908.75 ****908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

ANGELA M. LOMBARDI

Date 3/11/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------------------------|--------------------------------------|---|------------------------|
| <u>OWNER PRESIDENT</u> | <u>ANGELA M. LOMBARDI</u> | <u>551 NE S3 St</u> | <u>MIAMI, FL 33137</u> |
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10. 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:

ANGELA M. LOMBARDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00

Date

305
756
2757

Daytime Phone #