

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P97000081449

1. Corporation Name

EAST HIALEAH COMMUNITY HEALTH CENTER INC.

Principal Place of Business

Mailing Address

825 AND 835 EAST 10 AVENUE
HIALEAH FL 33010

825 AND 835 EAST 10 AVENUE
HIALEAH FL 33010

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

2. New Principal Office Address, If Applicable
8900 Coral Way

3. New Mailing Office Address, If Applicable
8900 Coral Way

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33165

Country
USA

Zip
33165

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1997

5. FEI Number

65-0787130

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	BAEZ, ONELIO	825 AND 835 EAST 10 AVENUE	HIALEAH FL 33010
D	Baez, Onelio	8900 Coral Way # 202	Miami, Fla. 33165
			200003493122--8 -12/11/00--01023--005 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAEZ, ONELIO
825 AND 835 EAST 10 AVENUE
HIALEAH FL 33010

Name
Onelio Baez
Street Address (P.O. Box Number is Not Acceptable)
8900 Coral Way
Suite, Apt. #, Etc.
#202

City
Miami

State
FL

Zip Code
33165

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

Date 11/13/2000

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 REQUIRED
Onelio Baez

11/13/2000 305 554 5121
Date Daytime Phone #