

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -2 AM 11:33

DOCUMENT # P970000 81449

1. Corporation Name

East Hialeah Community
Health Center, Inc.

500025422775
12/11/03--01040--012 **900.00

REINSTATEMENT 02-03
sp

2. Principal Office Address

1320 NW 7 Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite # 11

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33125

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1997

5. FEI Number

650787130

☒ 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

Carlos Barrera

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

1320 NW 7 Street

Suite, Apt. #, Etc.

Suite 11

City

Miami

State

FL

Zip Code

33125

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

Carlos Barrera

REGISTERED AGENT MUST SIGN

Date Nov. 19, 2003

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
PVST D	Carlos Barrera same	1320 NW 7 Street Suite 11	Miami, FL 33125

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:

Carlos Barrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 19, 2003

Date

786497-1163

Daytime Phone #

CR2001 (10/02)