

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -3 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 23021

1. Corporation Name

Pacific Health Care Associates, Inc.

2. Principal Office Address

7811 Coral Way

Suite, Apt. #, etc.

Suite 135

City & State

Miami, Florida

Zip

33155

Country

3. Mailing Office Address

7811 Coral Way

Suite, Apt. #, etc.

Suite 135

City & State

Miami, Florida

Zip

33155

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/98

5. FEI Number

65-0818570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Raul Pineyro

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

7811 Coral Way

Suite, Apt. #, Etc.

Suite 135

City

Miami

State
FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date 5/2/02

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 |
|----------------|--------------------------------------|---|----------------------|
| P.O.S. T.D. | RAUL PINEYRO | 7811 Coral Way #135 | Miami, Florida 33155 |
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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)(f), 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

5/2/02
Date(305) 269-9948
Daytime Phone #