

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

06 MAR -8 AM 9:05

DOCUMENT # P98000028268

1. Corporation Name MULTICARE  
HEALTH MANAGEMENT  
ASSOCIATES, INC.

2. Principal Office Address  
955 NW 3rd Street

Suite, Apt. #, etc.  
First Floor

City & State  
Miami, FL

Zip 33128 Country USA

3. Mailing Office Address  
6039 Collins Avenue

Suite, Apt. #, etc.  
PH-19

City & State  
Miami Beach, FL

Zip 33140 Country USA

**REINSTATEMENT** 03-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/25/1998

5. FEI Number  
65-0825965

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  
JESUS GAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)  
1560 SW 139 Avenue

Suite, Apt. #, Etc.

City  
Miami

State FL Zip Code 33184-2711

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 03/03/2006

**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
PTD	JESUS GAZQUEZ	1560 SW 139 Avenue	Miami, FL 33184-2711
VSD	G/ORIA M. FINK	6039 Collins Ave. PH19	Miami Beach, FL 33140

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 contained in Chapter 119, 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: Jesús Gazquez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/2006 (786) 247-0970  
Date Daytime Phone #