

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000034472**

1. Corporation Name

**OPERATIONAL PROFESSIONAL MANAGEMENT
CONSULTANTS CORP.**

2. Principal Office Address

7937 NW 21ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

US

3. Mailing Office Address

7937 NW 21ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

US

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

4/15/1998

5. FEI Number

65-0830322

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

COMPLETE CORPORATE SERVICES, INC.

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

7730 SW 68 TR

Suite, Apt. #, Etc.

400041715144

10/08/04--01036--007 **1350.00

City

MIAMI

State

FL

Zip Code

33143

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

PRESIDENT, COMPLETE CORP. SERV., INC. Date **10-3-2004**
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
P.D.	CUTIE, MARTA I.	1871 SW 36 AVE MIAMI, FL 33145	MIAMI, FL 33145
S.D.	RAMON-CUTIE, MARIA L.	4840 SW 91 AVE	MIAMI, FL 33165
D.	NAVARRO, M.D., ALEJANDRO	9100 CORAL WAY	MIAMI, FL 33165

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:

Marta I. Cutie' MARTA I. CUTIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/2004
Date

786-543-0470
Daytime Phone #