

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059219

1. Corporation Name

Major Medical Health Center, Inc.

REINSTATEMENT 02-04

200028733292
02/13/04--01036--017 **450.00

2. Principal Office Address
3876 SW 112 Avenue

3. Mailing Office Address
3876 SW 112 Avenue

Suite, Apt. #, etc.
126

Suite, Apt. #, etc.
126

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33165 USA

Zip Country
33165 USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/26/1998

5. FEI Number 65-0980508
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
Hannibal I Ruiz

Street Address (P.O. Box Number is Not Acceptable)
3876 SW 112 Avenue

Suite, Apt. #, Etc.
126

City
Miami

State Zip Code
FL 33165

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

2/4/4

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	Hannibal I Ruiz	3876 SW 112 Avenue, Suite 126	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/4

305-259-9393

CR2E081 (01/04)

Major Medical Health Center, Inc.
3876 SW 112 Avenue
Suite 126
Miami, FL 33165
DOC#P98000059219

February 4, 2004

Re: UBR Report
Doc# P98000059219

To Whom It May Concern:

This letter is to inform you that previous notices were never received. We are enclosing the regular fee of 150.00 to renew the Company Name as per your office instructions.

If you have any questions please contact us at 305-259-9393

Thank you,

Hannibal I. Ruiz
President.