

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000060505**

1. Corporation Name

**FLORIDA SANITAS, INC.**

Principal Place of Business

**200 S.E. 1ST STREET  
SUITE 602  
MIAMI FL 33131  
US**

Mailing Address

**200 S.E. 1ST STREET  
SUITE 602  
MIAMI FL 33131  
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**6710 MAIN STREET**

Suite, Apt. #, etc.

**234**

City & State  
**MIAMI LAKES, FL**

Zip

**33014**

Country

**USA**

3. New Mailing Office Address, If Applicable

**6710 MAIN STREET**

Suite, Apt. #, etc.

**234**

City & State  
**MIAMI LAKES, FL**

Zip

**33014**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/08/1998**

5. FEI Number

**65-0872903**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HARB, FRANK	200 S.E. 1ST STREET, #602	MIAMI FL 33131
T	MEDINA, EDGAR M	200 S.E. 1ST STREET, #602	MIAMI FL 33131
V	VILLAFANE, GERARDO	200 S.E. 1ST STREET, #602	MIAMI FL 33131

8. Name and Address of Current Registered Agent

**VILLAFANE, GERARDO  
200 S.E. 1ST STREET  
SUITE 602  
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

**6710 MAIN STREET**

Suite, Apt. #, Etc.

**SITE 234**

City

**MIAMI LAKES**

State

**FL**

Zip Code

**33014**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/22-02**

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/22/02 1305-687757**

FILED  
02 NOV 26 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700009223627  
11/26/02--01052--011 \*\*750.00



REINSTATEMENT 02