

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068928

1. Corporation Name

O.P.M. HEALTH CONSULTING, INC.

Principal Place of Business

Mailing Address

6324 NW 173RD TERR
MIAMI FL 33015

6324 NW 173RD TERR
MIAMI FL 33015

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1998

5. FEI Number

65-0859128

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	PEREZ-MAIY, OSVALDO	6324 NW 173RD TERR	MIAMI FL 33015

600008636176
10/28/02--01114--024 **150.00

PR 11/4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ-MAIY, OSVALDO
6324 NW 173RD TERR
MIAMI FL 33015

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date OCT 21 2002

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 21 2002

Date

Daytime Phone #

CR2040 (8/02)

Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Waiver of Reinstatement Fee (UBR)

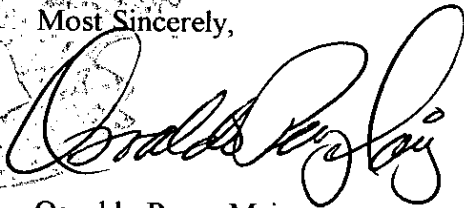
October 21st, 2002

To Whom It May Concern:

This purpose of this letter is to formerly request a waiver of the UBR reinstatement fee. OPM Health Consulting, Inc. (EIN: 65-0859128) had not received the two prior UBR requests and this is the first notice received this calendar year.

Please accept a business check for \$150.00 for reinstatement with regards to the Florida Department of State (2002) Uniform Business Report. Thank you.

Most Sincerely,



Osvaldo Perez-Maiy

President, OPM Health Consulting, Inc.

OPM HEALTH CONSULTING, INC.

OPM HEALTH CONSULTING, INC.
6324 NW 173rd TERRACE HIALEAH, FL 33015-4467