

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 28 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077377

**1. Corporation Name**

INSTITUTO DE RECUPERACION INTERNACIONAL  
DE SALUD

**REINSTATEMENT** 01-03

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

201 Alhambra Circle

Suite, Apt. #, etc.

Suite 502

City & State

Coral Gables, FL

Zip

Country

33134

**4. Date Incorporated or Qualified**

To Do Business in Florida

9/8/98

**5. FEI Number**

65-1017364

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

Manuel M. Arvesu, Esquire

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

201 Alhambra Circle, Suite 502

Suite, Apt. #, Etc.

City

Coral Gables,

State  
FL

Zip Code

33134

500011144825

01/28/03-01081-011 \*\*1000.00

**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

1/21/03

**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	Manuel Antonio Cordova	201 Alhambra Circle	Coral Gables, FL 33134
S	Katherine Cordova	201 Alhambra Circle	Coral Gables, FL 33134

**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 #

1/21/03 305-442-2558

CR2E081 (10/02)