

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
01 DEC 31 AM 9:12

DOCUMENT # P98000085922

1. Corporation Name

HOLLYPALM MEDICAL CENTER, INC.

Principal Place of Business

6691 PEMBROKE RD.  
STE 5-B  
PEMBROKE PINES FL 33023-2141  
US

Mailing Address

6691 PEMBROKE RD.  
STE 5-B  
PEMBROKE PINES FL 33023-2141  
US



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/1998

5. FEI Number

65-0868843

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	COELLO, BELKIS	491 SW 62 AVE	PLANTATION FL 33317

200004775782--6  
-01/15/02--01048--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

COELLO, BELKIS  
3001 SOUTH OCEAN DR  
APT 7R  
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name COELLO, BELKIS  
Street Address (P.O. Box Number is Not Acceptable)  
491 SW 62 AVE  
Suite, Apt. #, Etc.  
City Plantation State FL Zip Code 33317

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.

Signature of  
Registered Agent

*Belkis Coello*  
REGISTERED AGENT MUST SIGN

Date

10-22-01

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:

*Belkis Coello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)  
10-22-01 801-3383

CR2E040 (8/01)