

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 OCT 29 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000015477**

1. Corporation Name **VERITAS HCM, INC**

2. Principal Office Address

9400 S. DADELAND BLVD

Suite, Apt. #, etc.

601

City & State

MIAMI, FLORIDA

Zip

33156

Country

U.S.A.

3. Mailing Office Address

9400 S. DADELAND BLVD

Suite, Apt. #, etc.

601

City & State

MIAMI, FLORIDA

Zip

33156

Country

U.S.A.

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/99

5. FEI Number

65-0899398

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

ERIC J. KAPLAN

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

9400 SOUTH DADELAND BLVD

Suite, Apt. #, Etc.

601

City

MIAMI

State

FL

Zip Code

33156

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 **10/26/02**

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/D	ERIC KAPLAN	9400 S. DADELAND BLVD, 601	MIAMI, FL 33156
V/D	ELLEN KAPLAN	9400 S. DADELAND BLVD, 601	MIAMI, FL 33156
S	ERIC KAPLAN	9400 S. DADELAND BLVD, 601	MIAMI, FL 33156

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:

ERIC J. KAPLAN

Date

10/22/02

Daytime Phone #

305-670-0640

CR2E081 (9/01)

11/5/02