

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
03 FEB -3 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P44000047280~~ P99000047280

**1. Corporation Name**

Family Health Medical Center  
of Belle Glade, INC.

100010393781  
01/21/03--01072--015 \*\*308.75

**2. Principal Office Address**

17300 N W S I P I

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33055 EU

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

05-0921374

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

MIRIAM I CUBAS

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

17300 N W S I P I

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33055

**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

*Miriam I Cubas*

REGISTERED AGENT MUST SIGN

Date

1-17-03

**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
President	LAZARO CUBAS	17300 N W S I P I	Miami FL 33055
Vice P.	MIRIAM CUBAS	" "	" "

**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:**

*Miriam I Cubas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

Date

(305) 336 9661  
Daytime Phone #

CR2E081 (9/01)

1-17-03

To: Florida Department of State  
Division of Corporations.

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By this means, I am including a check for the amount of \$300.00 to renew the corporation for 2002-2003. Do not had received any information to renew the corporation.

Sincerely,

Murand Cubas  
Minions Cubas