

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 NWSI PI

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 NWSI PI

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 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 NWSI PI	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

Date 1-17-03 (305)3369661
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