

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -2 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074499

1. Corporation Name TREASURE COAST MULTI SERVICES CENTER

2. Principal Office Address
7800 S.W. 87th Avenue

Suite, Apt. #, etc.
Suite #B250

City & State
Miami, Florida

Zip Country
33173 usa

3. Mailing Office Address
7800 S.W. 87th Avenue

Suite, Apt. #, etc.
Suite #B250

City & State
Miami, Florida

Zip Country
33173 usa

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number Applied For
65-0961062 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 ANGEL M. RIVERA

Street Address (P.O. Box Number is Not Acceptable)
2971 S.W. 136th Court

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33175

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 Feb. 2, 2005

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
V/D	WILMA RAMIREZ	2971 S.W. 136th Court	Miami, Fla. 33175
P/T	ANGEL M. RIVERA	2971 S.W. 136th Court	Miami Florida 33175

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

Feb. 2, 2005 (305) 225-4963
Date Daytime Phone #

CH2E081 (01/04)