

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 2:39

DOCUMENT # PA9000076082

1. Corporation Name

Elite Healthcare Management, Inc.

400004659704--9
-10/30/01--01085--008
****308.75 ****308.75

2. Principal Office Address

1111 Kane Concourse

Suite, Apt. #, etc.

301

City & State

Bay Harbor, FL

Zip

33154

Country

USA

3. Mailing Office Address

1111 Kane Concourse

Suite, Apt. #, etc.

301

City & State

Bay Harbor, FL

Zip

33154

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business In Florida

August 26, 1999

5. FEI Number

65-0943658

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Date 9/20/01

REGISTERED AGENT MUST SIGN

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
PTD	<u>Klein, Sidney</u>	<u>5401 Collins Ave, Suite 935</u>	<u>Miami Beach, FL 33140</u>
S	<u>Klein, Avi</u>	<u>5401 Collins Ave, Suite 935</u>	<u>Miami Beach, FL 33140</u>

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:

Avi Klein, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

CR2E001 (9/00)