

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083849

1. Corporation Name

YOEI'S HEALTH CARE CORPORATION

Principal Place of Business

4493 SW 75 AVENUE
MIAMI FL 33155

Mailing Address

4493 SW 75 AVENUE
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4711 NW 79 Ave

Suite, Apt. #, etc.

Suite # 220

City & State

MIAMI

Zip

33166

Country

USA

3. New Mailing Office Address, If Applicable

12623 SW 9 Terr

Suite, Apt. #, etc.

MIAMI FL

City & State

Zip

33184

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1999

5. FEI Number

65-0949693

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	DOMINGUEZ, RAUL E	4493 SW 75 AVENUE	MIAMI FL 33155
VS	HERNANDEZ, OLGA M	4493 SW 75 AVENUE	MIAMI FL 33155

000003455590--4
-11/07/00--01093--003
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

DOMINGUEZ, RAUL E
4493 SW 75 AVENUE
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature of Raul E. Dominguez
REGISTERED AGENT MUST SIGN

Date 10-18-00

11. 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 of Raul E. Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-00

Daytime Phone #

CR2E040 (8/00)