

P99000091402

PLEASE RE... IN... FOR COM... ET... TH...

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 25 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091402

1. Corporation Name

U.S. HEALTHCARE ENTERPRISES, INC.

REINSTATEMENT 2002-03

2. Principal Office Address

800 Brickell Avenue

Suite, Apt. #, etc.

Suite 707

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

800 Brickell Avenue

Suite, Apt. #, etc.

Suite 707

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/99

5. FEI Number

☒ 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

Steven P. Oppenheim

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

800 Brickell Avenue

Suite, Apt. #, Etc.

Suite 707

City

Miami

State

FL

Zip Code

33131

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

Steven P. Oppenheim

Date

6/20/03

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
PSD	Lupis, Stefano	c/o Oppenheim & Associates 800 Brickell Ave., #707	Miami, FL 33131

600021139126

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: ☒

Stefano Lupis

Stefano Lupis,
President

6/20/03

305-371-8555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

ADP



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 146430 11489A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 900.00

2900

ORDER DATE : June 25, 2003

ORDER TIME : 11:56 AM

ORDER NO. : 146430-005

CUSTOMER NO: 11489A

CUSTOMER: Steven P. Oppenheim, Esq
Oppenheim & Associates
800 Brickell Avenue
Suite 707
Miami, FL 33131

RECEIVED
03 JUN 25 PM 2:25
DIVISION OF CORPORATIONS

DOMESTIC FILINGS

NAME: U.S. HEALTHCARE ENTERPRISES,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS