

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

*Paid check #252870081
10/20/2000.*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 4:56

DOCUMENT # **P99000107487**

1. Corporation Name

CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC

Principal Place of Business

4148 W 12TH AVE
HIALEAH FL 33012

Mailing Address

4148 W 12TH AVE
HIALEAH FL 33012



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1999

5. FEL Number

65-0968674

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
P	LICEA, JOSE R- HURTADO, ALFONSO	4148 WEST 12TH AVENUE- 765 EAST 6 STREET	HIALEAH FL 33012- HIALEAH, FL 33010
V	DE MOYA LICEA, IDA	4148 WEST 12TH AVENUE	HIALEAH FL 33012
VS	GARAY, LINCOLN A MD	4148 WEST 12TH AVENUE	HIALEAH FL 33012
VT	SANTANA, IRAIDA I MD	4148 WEST 12TH AVENUE	HIALEAH FL 33012

8000003454998--2
-11/07/00--01062--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LICEA, JOSE R
2214 W 74TH ST, 102
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name

HURTADO, ALFONSO

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

765 EAST 6 STREET

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

Alfonso Hurtado
SIGNATURE REQUIRED
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:

Alfonso Hurtado
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00 305-828-8488

Date

Daytime Phone #

CR2E040 (8/00)