

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L76226

1. Corporation Name

Exclusive Home Care, Inc.

2. Principal Office Address

935-A S.W. 122 Ave.

Suite, Apt. #, etc.

City & State

Miami- Florida

Zip

Country

3. Mailing Office Address

935- A S.W. 122 Ave.

Suite, Apt. #, etc.

City & State

Miami-Florida

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/1990

5. FEI Number

65-0202448

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

Gonzalez, Evelia A.

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

935-A S.W 122 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

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

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
D	Gonzalez, Evelia A.	935-A S.W 122 Ave.	Miami, FL 33184

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:

*Evelia Gonzalez RN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

305 251900

Daytime Phone #

FILED

03 FEB 11 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400012307274  
02/11/03--01023--015 \*\*300.00

CR2E081 (10/02)

2/2/14

## EXCLUSIVE HOME CARE, INC

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935-A S.W. 122 AVE.

MIAMI, FL 33184

Phone Number (305) 225-1900

Fax Number (305) 225-9129

February 6, 2003

DEPARTMENT OF STATE DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

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To Whom It May Concern:

The following letter is to let you know that Exclusive Home Care, Inc. did not receive the first notice and the second notices of the Uniform Business Report (UBR). Could you please waive the penalties, thank you for your cooperation.

Sincerely,

General Manager

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