PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FJ 1 02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -9 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107501

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CR2E081 (12/05)

1. Corporation Name

Prime Nursing Home Health Care, inc.

2. Principal Office Address	3. Mailing Office Address
11711 S.W. 10th st.	11711 S.W. 10th st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Florida	City & State: Davie, Florida
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2002

5. FEI Number: 46-0502709 ☐ 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: Candice DiBiano

Street Address (P.O. Box Number is Not Acceptable): 11711 S.W. 10th st.

Suite, Apt. #, Etc.:

City: Davie State: FL Zip Code: 33325

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: Candice DiBiano Date: 2/6/06
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
P	Candice DiBiano	11711 SW 10th st.	Davie, FL. 33325
		REINSTATEMENT 04-06	
		T. Roberts FEB 10 2006	

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 contained in Chapter 119, 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: Candice DiBiano 2/6/06 (954) 822-5568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Candice DiBiano

PJ MR

February 5th, 2006

Florida Department of State,

RE: Reinstatement of Prime Nursing Home Health Care, INC.

Dear Sir,

I am writing this letter in hopes that you will waiver the fee that would have to be paid in order to have my corp. reinstated. I am aware of the fees I need to pay for 2004, 2005 & 2006. I have never received the post card that was to be mailed yearly. I spoke with a specialist named Gary, who I may add has been very helpful in guiding me in expediting this matter. Enclosed with this letter is a check for $450.00 for the three years needed to make the corp. up to date and all materials requested.

If you need to reach me during the day you may do so at (954)423-1670

Thank You,

Candice DiBiano

Candice DiBiano
Prime Nursing Home Health Care, Inc.

$8.75 added for certificate of Status