


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 AR
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 20 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000097262
1. Corporation Name
Mi Arcoiris Family Care, Inc.

2. Principal Office Address 431 E 105T Suite, Apt. #, etc.		3. Mailing Office Address 431 E 105T Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33010	Country USA	Zip 33010	Country USA

800141486988
01/20/09--01033--023 **158.75

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 57-1189668	Applied For Not Applicable
-----------------------------	-------------------------------

6. CERTIFICATE OF STATUS DESIRED \$675 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SAILE CRUZ

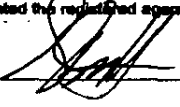
Street Address (P.O. Box Number is Not Acceptable)
431 E 105T

Suite, Apt. #, Etc.

City Hialeah

State FL Zip Code 33010

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  Date 1/14/09

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	SAILE CRUZ	431 E 105T	Hialeah, FL 33010

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:  Date 1/14/09 786-4197230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1/26
aw