

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003188

1. Corporation Name
Access Medical Homecare, Inc.

Principal Place of Business Mailing Address
7120 Nob Hill Road #21 7120 Nob Hill Road #21
Tamarac Fl 33321 Tamarac Fl 33321

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

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
97 FEB 14 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POOR ORIGINAL

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
11/09/92

5. FEI Number
65-0367686

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Clemente A Vasallo	4350 SW 59th Avenue #1A	Davie Fl 33314
V/D	Alina DeArmas	7120 Nob Hill Road	Tamarac Fl 33321

400002089904--9
-02/17/97--01157--005
****375.00 ****375.00
400002089904--9
-02/17/97--01157--005
****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Clemente A Vasallo
4350 SW 59th Avenue #1A
Davie Fl 33314

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 X Clemente Vasallo Date FEB 11 1997
C Vasallo REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X Clemente Vasallo FEB 11 1997 954-583-9897

CR2E040 (12/95)