

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **26441**

**APPLICATION FOR REINSTATEMENT**



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

FILED

97 JUN 20 AM 8:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082834**

1. Corporation Name

**THE HOME CARE CONNECTION, INC.**

Principal Place of Business

Mailing Address

8350 SUNSET DR.  
 SUITE 122  
 MIAMI FL 33173

8350 SUNSET DR.  
 SUITE 122  
 MIAMI FL 33173



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 Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/24/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0456031

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

33176

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
DP	Brackin, Wayne	9350 Sunset Dr., Ste 122	MIAMI FL 33173
VD	Heydrich, Laura	9350 Sunset Dr., Ste 122	MIAMI FL 33173
D	Belbeck, Michael	9350 Sunset Dr., Ste 122	MIAMI FL 33173
ST	KELLER, HARRY	9350 SUNSET DR., STE 122	MIAMI FL 33173

**REINSTATEMENT 96-97**

*Ad 6-20-97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLER, HARRY H  
 9350 SUNSET DR., STE 122  
 MIAMI FL 33173

Name  
**Jody Lehman, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8900 N. Kendall Drive**  
 Suite, Apt. #, Etc.  
**900002220699--0**  
 City  
**Miami,**  
 State Code **06/24/97** State Code **01002-020**  
 \*\*\*915.0BL \*\*\*916.00

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

*Jody Lehman*  
 REGISTERED AGENT MUST SIGN

Date

1/10/97

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joe Stuntz*

1/17/97  
 Date

(305) 273-2800  
 Daytime Phone #

CPRE040 (7/96)