

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAR -1 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003092

1. Corporation Name  
Home Care Resources, Inc.

Principal Place of Business Mailing Address  
7900 NOVA DRIVE Suite 208  
DAVIE, FLORIDA 33324 Same

**REINSTATEMENT** 08-181

DO NOT WRITE IN THIS SPACE

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		4. Date incorporated or Qualified To Do Business in Florida 01/10/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0538677	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/D	Rodriguez, Carlos A.	7900 NOVA DRIVE SUITE 208	DAVIE, FLORIDA 33324
V/S/D	Willey, Bonnie	7900 NOVA DRIVE SUITE 208	DAVIE, FLORIDA 33324

400003162594-6  
-03/08/00-01086-00  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

Jose R. Pujols, Esq.  
2701 S.W. LeJeune Road, Ste. 40  
Coral Gables, Fl 33134

9. Name and Address of New Registered Agent

Name Carlos A. Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
7900 NOVA DRIVE  
Suite, Apt. #, Etc.  
Suite 208  
City DAVIE State FL Zip Code 33324

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: *Carlos A. Rodriguez* Date: 2-24-00  
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: *Carlos A. Rodriguez* Date: 2-24-00 (984) 472-2333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Daytime Phone #

KE