


P. 4
10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-95600003092

1. Corporation Name:
HOME CARE RESOURCES, INC.

2. Principal Office Address 7900 NOVA DRIVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. SAME	
City & State DAVIE, FL		City & State SAME	
Zip 33324	Country USA	Zip SAME	Country SAME

03 NOV 18 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: **65-0538677** Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **CARLOS A. RODRIGUEZ** **BONNIE L. WILLEY**

Street Address (P.O. Box Number is Not Acceptable): **7900 NOVA DRIVE**

Suite, Apt. #, Etc.: **101**

City: **DAVIE** State: **FL** Zip Code: **33324**

10/07/08-01047-008 \$1,050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0526 or 617.0503, F.S.

Signature of Registered Agent: Bonnie Willey Date: 10.6.03

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	CARLOS A. RODRIGUEZ	7900 NOVA DRIVE, SUITE 101	DAVIE/ FL/ 33324
V	BONNIE L. WILLEY	7900 NOVA DRIVE, SUITE 101	DAVIE/ FL/ 33324

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)(c), 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: Bonnie L. Willey Date: 10.6.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16



United States Home

Information Center | Customer Support

Search

Package / Envelope Services

Freight Services

Same Day Services

Ship

Track

Rates

Pickup

Locations

Transit Time

International

[My FedEx Home](#) | [Preferences](#) | [My Profile](#) | [Log Out](#)

Welcome **LOGAN**
November 18, 2003 16:45:53

Track Shipments
Detailed Results

[? Quick Help](#)

Tracking number	792348688843	Delivery location	TALLAHASSEE FL
Signed for by	B.SIPPIC	Service type	Standard Envelope
Ship date	Oct 14, 2003		
Delivery date/Time	Oct 15, 2003 8:11 am		

Date/Time	Status	Location	Comments
Oct 15, 2003 8:11 am	Delivered	TALLAHASSEE FL	

[Signature proof](#)

[Track more shipments](#)

Email your detailed tracking results (optional)

Enter your email, submit up to three email addresses (separated by commas), add your message (optional), and click **Send email**.

Add a message to this email.

From
To

[Send email](#)