


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023958

1. Corporation Name
SENIOR CARE SERVICES OF BROWARD, INC.

2. Principal Office Address
SENIOR CARE SERVICES

3. Mailing Office Address
7641 NW 28th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARGATE FLORIDA.

City & State
Margate, FL 33063

Zip Country
33063 BROWARD

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
650824689

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SLATER, JOYCE A ESQ

Street Address (P.O. Box Number is Not Acceptable)
4300 NORTH UNIVERSITY DRIVE

600056127386
06/14/05--01011--010 **1200.00

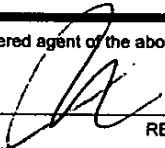
Suite, Apt. #, Etc.
SUITE B-100

City
LAUDERHILL FL

State Zip Code
FL 33351

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



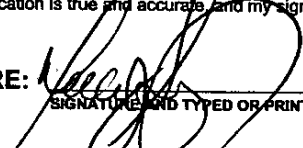
REGISTERED AGENT MUST SIGN

Date 5/31/05

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
PD	SINGH, MERLE J	7641 N W 28th ST	MARGATE, FL 33063

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: 

MERLE J SINGH

02/08/2005

954-448-9564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #