
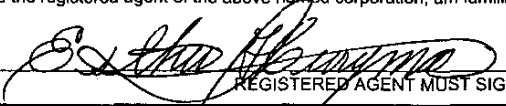
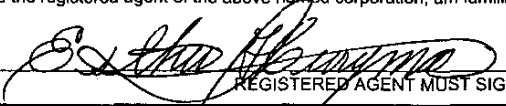
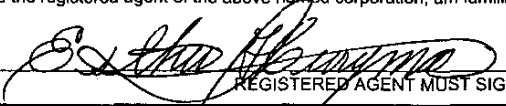





PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 06 MAY -1 PM 3:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1000752881 05/25/06--01044--012 **1050.00																													
DOCUMENT # K 49397																																	
1. Corporation Name ESTHER HOMECARE, INC.																																	
2. Principal Office Address 13908-SW 26 terrace <small>Suite, Apt. #, etc.</small> Miami FL <small>City & State</small> 33145 <small>Zip</small> <small>Country</small> USA		3. Mailing Office Address SAME <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small> <small>Country</small>																															
		4. Date Incorporated or Qualified To Do Business in Florida 12/6/1988																															
		5. FEI Number 650092990		<table border="1" style="width: 100%;"><tr><td><small>Applied For</small></td></tr><tr><td><small>Not Applicable</small></td></tr></table>		<small>Applied For</small>	<small>Not Applicable</small>																										
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		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																															
7. Name and Address of Current Registered Agent																																	
<table border="1" style="width: 100%;"><tr><td colspan="2"><small>Name</small> ESTHER HARRYMAN</td></tr><tr><td colspan="2"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 13908-SW 26 terrace</td></tr><tr><td colspan="2"><small>Suite, Apt. #, Etc.</small> MIAMI FL 33145</td></tr><tr><td><small>City</small></td><td><table border="1" style="width: 100%;"><tr><td><small>State</small> FL</td><td><small>Zip Code</small></td></tr></table></td></tr></table>						<small>Name</small> ESTHER HARRYMAN		<small>Street Address (P.O. Box Number is Not Acceptable)</small> 13908-SW 26 terrace		<small>Suite, Apt. #, Etc.</small> MIAMI FL 33145		<small>City</small>	<table border="1" style="width: 100%;"><tr><td><small>State</small> FL</td><td><small>Zip Code</small></td></tr></table>	<small>State</small> FL	<small>Zip Code</small>																		
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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.																																	
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
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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)(l), 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.																																	
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