

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K55404**

1. Corporation Name
**Comprehensive Home Health Care
Systems, Inc.**

2. Principal Office Address
13343 SW 142nd Terr.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33186 USA

3. Mailing Office Address
10220 S.W. 110 ST.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33176 USA

REINSTATEMENT

9801

4. Date Incorporated or Qualified To Do Business in Florida **1-3-89**

5. FEI Number **59-2930383** 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 **Mark Minervino**

Street Address (P.O. Box Number is Not Acceptable)
10220 SW 110 ST.

Suite, Apt. #, Etc.

City **MIAMI**

State **FL**

Zip Code **33176**

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***1200.00 ***1200.00

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 **2-13-01**

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.T	Ileana Minervino	10220 S.W. 110 ST.	MIAMI, FL 33176
C,S	MARK MINERVINO	10220 S.W. 110 ST.	MIAMI, FL 33176

LS

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.

SIGNATURE:

Date **2-13-01** Daytime Phone # **305-279-7588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)