

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

98-991AR

FILED

99 APR 26 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M96660

1. Corporation Name

AMERICARE HEALTH CARE SERVICES, INC.

Principal Place of Business

Mailing Address (same)

20 NW 181st STREET  
MIAMI, FL 33169

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/31/1988

5. FEI Number

65-0271935

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

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
PDT	D'Angelo, Joseph P.	400 Poinciana Drive	Hallandale, FL 33009
VDS	Heichberger, Margaret	400 Poinciana Drive	Hallandale, FL 33009

100002859431--4

-04/30/99--01143--008

\*\*\*300.00 \*\*\*300.00

7/2/99  
4/26/99

8. Name and Address of Current Registered Agent

D'Angelo, Joseph P.  
400 Poinciana Drive  
Hallandale, FL 33009

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(g), 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:

Margaret M. Heichberger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARGARET M. HEICHBERGER

4/21/99

305 770 1141

Date

Daytime Phone #

**Americare Services, Inc.**

20 NW 181st Street  
Miami, FL 33169

Phone: (305) 770-1141  
Fax: (305) 655-3818

②

Attn: Leslie  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

April 20, 1999

RE: Americare HealthCare Services, Inc.  
Document# M96660  
FEI# 65-0271935

Dear Leslie,

As mentioned in our conversation today, Americare HealthCare Services, Inc. has never operated outside of Florida. As such, the address you mentioned in Grove Town, Georgia is unknown to us.

Enclosed is the reinstatement application along with the \$ 300.00 check we discussed. Thanks for your help with this matter.

Sincerely,



Margaret Heichberger  
Office Administrator