

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000000364

1. Corporation Name

UNITED HOME HEALTH CARE, INC.

Principal Place of Business

Mailing Address

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI FL 33166

5255 N.W. 87TH AVENUE
SUITE 400
MIAMI FL 33166

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

01/22/1998

5. FEI Number

59-1523943

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	
1	2	3	4
CD	GRAY, BARBARA	100 S BISCAYNE BLVD #1500	MIAMI FL 33131
PD	FOX, JOSE R	5255 NW 87 AVENUE #400	MIAMI FL 33178
VD	PLANA, NESTOR	2511 PONCE DE LEON BLVD, 5TH FLO	CORAL GABLES FL 33134
TD	BAIRD, JULIE	14750 NW 77 COURT	MIAMI LAKES FL 33016
SD	FLETCHER, JOHN	5300 FIRST UNION 200 BISCAYNE BL	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOX, JOSE R
5255 N.W. 87TH AVENUE
SUITE 400
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 10/27/01

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01