

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -3 PM 4:25

**DOCUMENT # P00000040620**

1. Corporation Name

**PROPER CARE, INC.**

200  
LBR

Principal Place of Business

18536 NW 56TH PLACE  
MIAMI FL 33055

Mailing Address

18536 NW 56TH PLACE  
MIAMI FL 33055



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
3827 S.W. 170 Ave.

City & State  
Miramar, FL

Zip 33027 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
P.O. Box 260277

City & State  
Pembroke Pines, FL

Zip 33206 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

04/18/2000

5. FEI Number

65-1004901

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	City / State / Zip
President	Juan Carlos Pérez	3827 S.W. 170 Avenue	Miramar, FL 33027
V.P.	Diana M. Sánchez	3827 S.W. 170 Avenue	Miramar, FL 33027

000004728680--2  
-12/17/01--01058--016  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

PÉREZ, JUAN C  
18536 NW 56TH PLACE  
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name Juan Carlos Pérez  
Street Address (P.O. Box Number is Not Acceptable)  
3827 S.W. 170 Avenue  
Suite, Apt. #, Etc.  
City Miramar  
State FL Zip Code 33027

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/26/01

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

11/26/01 921-980-0035

Date Daytime Phone #

CR2E040 (8/01)

20f3

**PROPER CARE, INC.**

November 27, 2001

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: Corporation Annual Report**

Dear Sir or Madam:

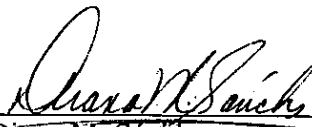
Enclosed please find the Annual Report due for 2001 along with the check and a letter that was sent to your department to advise that the corporations address had been changed since January 2001 with an immediate effective date. However, your department did not correct the address, and therefore, the original annual report due by September 21, 2001 was not received.

In light of this, your assistance in reinstating the corporation for 2001 will be appreciated.

Thanking you in advance for your kind assistance to this matter and if you have any questions, please do not hesitate in contacting me at 954-450-1994 or 305-798-1180.

Sincerely,

**PROPER CARE, INC.**

  
Diana M. Sanchez

DMS/ds

**PROPER CARE, INC.**

3063

January 8, 2001

**VIA FACSIMILE**

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Attn: Beth Register

**Re: Address Change from:  
18536 N.W. 56<sup>th</sup> Place  
Opalocka, FL 33055**

Dear Ms. Register:

As per our conversation, please have this serve as confirmation that all correspondence pertaining to Proper Care, Inc. is to be mailed to the following address effective immediately. Also, the street address for now should also reflect this address until further notice.

P.O. Box 260277  
Pembroke Pines, FL 33026

Thanking you in advance for your kind assistance to this matter.

Sincerely,

**PROPER CARE, INC.**

  
Diana M. Sanchez

DMS/ds