PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # Pooood 1. Corporation Name GUARdian Care	0041104	e Harris y of State orporations	FILED 02 APR 26 AM 9: 25 SECRETARY OF STATE TALLAMASSEE, FLORIDA
			8000054930434 -05/09/0201003003
2. Principal Office Address 144// COMMERCE WAY	3. Mailing Office Addres	SS	****150.00 ****150.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified
SUITE 420	City I State		To Do Business in Florida
City & State MIAMI LAKES, Florida	City & State		5. FEI Number Applied For Not Applicable
Zip Country	Zip	Country	6. \$8.75 Additional Fee required
33016 USA		Address of Current Registe	
Street Address (P.O. Box Number is Not Acceptable) 14590 S. W. 37 ST. Suite, Apt. #, Etc. City MIRAMAE State FL 33027 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 4-25-02			
		Street Address of Ea	1 •
Officers and/or Direct	Officers and/or Directors Officer and/or Directors		tor
V.P. Ana LUISA C	ampas 145	90 SN 375	t. Miramar.FL 33027
See Ana Luisa (Campas 145	90 SW 3750	t. Miramar, FL 33027
Tres. Ara Luisa C	Campos 143	90 SW 37st	Muramar, FL33027
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 filling 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 shell have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date			

THIS DOCUMENT HAS A GRADUATED BACKGROUND, DARK TO LIGHT. THE REVERSE SIDE OF THIS DOCUM



ORDER OF

GUARDIAN CARE SERVICES, INC. 14411 COMMERCE WAY **STE 420** MIAMI LAKES, FL 33016 305 819-1000

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Department of State

Department of State Division of Corporations 120030778 3508 3512 11 P.O.Box 1500

Tallahassee FL 32302-1500

AUTHORIZED SIGNATURE

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GUARDIAN CARE SERVICES, INC.

4-25-02

To Whom It May Concern:

This letter is in reference to Guardian Care Services, Inc. DOC#P00000041104

This corporation was dissolved incorrectly because we never received the filing application. On March 20, 2001, we mailed the check out of good faith explaining we had not received the filing form. Since the check was cashed we assumed the corporation was active. A copy of the cancelled check is enclosed, as you can see it was cashed April 5, 2002. Please wave any penalties due to the fact we never got the form. Also enclosed is a check for \$150.00 for this year's filing. Your immediate attention in this matter will be greatly appreciated.

Sincerely, Carp

Ana L. Campos

Owner