

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014863

1. Corporation Name

QUALITY HOME CARE OF ST, PETERSBURG INC.

Principal Place of Business

4534 14 AVE N  
ST PETERSBURG FL 33713

Mailing Address

4534 14 AVE N  
ST PETERSBURG FL 33713



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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/2001

5. FEI Number

59-3702061

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
D	GACHO, GRACIELA	523 COMMERCIAL AVE, #6 4534 14th Ave N St. Pete FL 33713	SAN FRANCISCO CA 94080
D	GACHO, RUBEN	523 COMMERCIAL AVE, #6 4534 14th Ave N St. Pete FL 33713	SAN FRANCISCO CA 94080

8. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1000 WET AVE, STE 1114  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name COURT ACCESS CENTRAL of AMERICA, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
3249 West Cypress St.  
Suite, Apt. #, Etc. Suite C  
City Tampa State FL Zip Code 33607

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/10/02

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/02 (727) 3274864

CR2E040 (8/02)

**Quality Home Care of St. Petersburg, Inc.**  
**4534 14 Ave., N**  
**St. Petersburg, FL 33713**

Tuesday, December 10, 2002

Division of Corporations  
409 E Gains St.  
Tallahassee, FL 32399

Dear Division of Corporations:

Enclosed is our reinstatement form for Quality Home Care of St. Petersburg, Inc., document number P01000014863 and a check for \$150 of our annual fees.

We did not receive any annual report forms and request you waive all late fees.

Thank you in advance for your consideration.

Sincerely,

  
Graciela Gacho