

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P01000023208

03 OCT 16 PM 2:29

1. Corporation Name

NURSEPOWER HOME HEALTH AGENCY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

141 NW 103RD ST. 12790 W. DIXIE
STE 410 HIGHWAY
MIAMI-FL 33169 MIAMI, FL 33161

141 NW 103RD ST. 12790 W DIXIE
STE 410 HIGHWAY
MIAMI-FL 33169 MIAMI, FL 33161



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

2. New Principal Office Address, If Applicable

12790 W. DIXIE HIGHWAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12790 W. DIXIE HIGHWAY
Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2001

City & State
MIAMI FLORIDA

Zip Country
33161 U.S.A

City & State
MIAMI FLORIDA

Zip Country
33161 U.S.A

5. FEI Number

65-1094590

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	UGOKWE, MALUCHI	330 NORTH BISCAYNE RIVER DRIVE	MIAMI FL 33169

100023836681
10/16/03--01013--005 **150.00

100023836681 8-B
10/16/03--01013--006 **150.00

8. Name and Address of Current Registered Agent

UGOKWE, ELIZABETH
330 NORTH BISCAYNE RIVER DRIVE
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name

SAME AS #8

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. or 617.0505, F.S.

Signature of
Registered Agent

Elizabeth Ugoke

Date 10/12/03

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:

Maluchi Ugokwe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 305-891-3933

Date

Daytime Phone #

CR2E040 (7/03)

20f2

NURSEPOWER HOME HEALTH AGENCY
12790 WEST DIXIE HIGHWAY
NORTH MIAMI FLORIDA 33161
PH. (305) 891-3933 FX. (305) 891-3189

10/13/03

The Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee Florida 32314

RE: ADMINISTRATIVE DISSOLUTION PO1000023208
APPLICATION TO REINSTATE COPORATION TO ACTIVE STATUS
AND TO WAIVE REINSTATEMENT FEE.

We are in receipt of our Certificate of Dissolution with effect from September 19th 2003 and wish to state as follows:-

1. That we did not receive the Uniform Business Report application form as is usually the case or a reminder informing this office to file the report, which could alert this office that a form has been sent but not recieved. Consequently we were still expecting the form when the notice of administrative dissolution arrived.
2. That we notified all the State and Local Government offices that we have dealings with, of our relocation and change of address, including your office. The attached application still have the old address. You may wish to correct the address as per attached application – Section 2. Attached please find the Occupational Licences for the City of N. Miami, and Miami-Dade County.
3. That all licences and other renewals for our operations have been processed accordingly execpt the uniform business report. This is not an issue of truancy. We suspect that if the form was sent, it must have gone to the old address and was not fowarded. We made the change of address notification to the Post Office. To no fault of ours we did not receive any correspondence from your office.

In view of the foregoing, we hereby appeal to your office to reverse the dissolution process and to reinstate our coporation, and waive the reinstatement fee.

Yours truly,


Maluchi Ugokwe
ADMINISTRATOR

Attached: 1. Completed Application Form.
2. Check for \$150.00 (Dept of State).