

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000023208

1. Corporation Name

NURSEPOWER HOME HEALTH AGENCY, INC.

Principal Place of Business

111 NW 183RD ST, 12790 W. DIXIE  
STE 410 HIGHWAY  
MIAMI, FL 33169 MIAMI, FL 33161

Mailing Address

111 NW 183RD 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

3. New Mailing Office Address, If Applicable

12790 W. DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip 33161 Country U.S.A Zip 33161 Country U.S.A

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



REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2001

5. FEI Number

65-1094590

Applied For  
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

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

10002383668181  
10/16/03-01013-006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UGOKWE, ELIZABETH  
330 NORTH BISCAYNE RIVER DRIVE  
MIAMI FL 33169

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

Eliz. U. O. Chole

REGISTERED AGENT MUST SIGN

Date 10/12/03

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

MALUCHI UGOKWE

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 CORPORATION 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 received. 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 except 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 forwarded. 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 corporation, and waive the reinstatement fee.

*Yours truly,*

*Maluchi Ugokwe*  
**ADMINISTRATOR**

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