

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN -3 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043555

**1. Corporation Name**

Best Quality Senior Care, Inc.

**2. Principal Office Address**

961 West 27th Street

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33010

Country

USA

**3. Mailing Office Address**

961 West 27th Street

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33010

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/01/01

**5. FEI Number**

65-1121808

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Angel Garrido

Street Address (P.O. Box Number is Not Acceptable)

961 West 27th Street

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33010

**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

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Angel Garrido	961 West 27th Street	Hialeah, Florida 33010
VD	Raquel Garrido	961 West 27th Street	Hialeah, Florida 33010

**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 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:

*Raquel Garrido*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/03

Date

305-884-2324

Daytime Phone #

CR2E081 (10/02)

216/3

*Attachment*

**Best Quality Senior Care, Inc.**

961 West 27<sup>th</sup> Street  
Hialeah, Florida 33010  
Phone (305) 884-2324

May 27<sup>th</sup>, 2003

Division of Corporations  
P.O.Box # 1500  
Tallahassee, Florida 32302-1500

Ref: 2003 UBR (P01000043555)

To whom it may concern:

Per our conversation please be informed that we have no records of receiving any correspondence with regards to the renewal of our corporation. Our mail in various occasions was stolen and don't know if this was part of the problem. This is our first time and therefore unfamiliar of the process. We are very careful and pay all items on time. As instructed by your office we ask that you consider waiving the penalty fee and accept the enclosed application. Under our current financial condition we cannot afford any added cost. Attached please find our corporate reinstatement as instructed by your office and a check for \$150.00 for each year to cover the filing cost. - Thanking you in advanced I remain.

If you have any questions, please don't hesitate to contact us.

Sincerely Yours,  
Best Quality Senior Care, Inc.

*Raquel Garrido*

Raquel Garrido  
Director