

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000093236

1. Corporation Name

CARELY HOME CARE, Inc.

400025081964
11/26/03--01065--027 **158.75

REINSTATEMENT 03

2. Principal Office Address

650 S.W. 65th AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Zip

33144

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

71-0877199

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

Ely Ortiz

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

670 West 72nd Place

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33014

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	Ortiz, Ely	670 West 72nd PL	Hialeah, FL 33014

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:

Ely Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-03

Daytime Phone #

CR2E081 (10/02)

21

Oct. 28, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

**REF: CARELY HOME CARE INC.
P01000093236**

To whom this may concern:

I am requesting that you waive the penalty fees for not filing my 2003 UBR Report due to the fact that I never received the UBR Report for this year. I have enclosed a money order for the amount of \$158.75 to reinstate it and also if you could be so kind as to mail me a "Certificate of Status". I have included in the money order the fee of \$8.75 for this certificate.

Please note: My business address is 650 S.W. 65th Avenue, Miami, Florida 33144. Please make the necessary corrections.

Thank you,



Ely Ortiz
President

EO;bms