
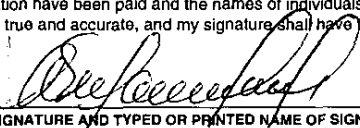


1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 SEP -3 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P02000018388				
1. Corporation Name AMA HOME CARE GROUP, INC. 13720 SW 108TH STREET 4750 SW 141 AVE				
2. Principal Office Address 13720 SW 108TH STREET		3. Mailing Office Address 4750 SW 141 AVE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA		City & State MIAMI, FL		
Zip 33186	Country USA	Zip 33175	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 02-18-2002
5. FEI Number 01-0603316				Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name AMARILYS C. MARISTAN				
Street Address (P.O. Box Number is Not Acceptable) 4750 SW 141 AVE				
Suite, Apt. #, Etc.				
City MIAMI		State FL	Zip Code 33175	
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		Date 07-29-2004		
REGISTERED AGENT MUST SIGN				
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	MARISTAN, AMARILYS C.	4750 SW 141 AVE	MIAMI, FL 33175	
VD	GARCIA, EDDY O	4750 SW 141 AVE	MIAMI, FL 33175	
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: 		07-29-2004		786-299-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

CR2E081 (01/04)

2 of 2

FILED

AMA HOME CARE GROUP, INC.
13720 SW 108TH STREET
MIAMI, FL 33186

04 SEP -3 PM 1:02

SECRETARY OF STATE
TALLAHASSEE (786) 299-0890

July 29, 2004

Department of State
Division of Corporations
409 East Gains St.
Tallahassee, FL 32399

Gentlemen:

I here by request the abetment of the reinstatement fees for this small corporation, we did not received any information to renew the UBR before. We are unable to pay the reinstatement fee.

Sincerely yours,


Amarilys Maristan