

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 29 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000073547**

1. Corporation Name

**CARESENTINEL INC**

Principal Place of Business

Mailing Address

5900 W 9 CT  
HIALEAH FL 33012

5900 W 9 CT  
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/2002

5. FEI Number

06-1656911

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
DP	RUBI, ANTONIO	5900 W 9 CT	HIALEAH FL 33012

300024254003  
10/29/03--01057--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUBI, ANTONIO  
5900 W 9 CT  
HIALEAH FL 33012

Name

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

786-942-6993

786-942-6993

Daytime Phone #

CR2E040 (7/03)

October 23, 2003

To Whom It May Concern:

My name is Antonio Rubi from CareSentinel Inc.

I haven't received any form for 2003 related to uniform business support or annual report.

Attached please find my reinstatement form and a check for \$150.00

Respectfully,

A handwritten signature in black ink, appearing to read "A. Rubi". The signature is fluid and cursive, with a large initial "A" and a stylized "Rubi".

Antonio Rubi  
CareSentinel