

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 17 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000098946

1. Corporation Name

ALL CARE RESIDENTIAL TREATMENT CENTERS, INC.

Principal Place of Business

Mailing Address

18901 SW 97 AVE
MIAMI FL 33157

18901 SW 97 AVE
MIAMI FL 33157

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.
18901 SW 97th AVE
City & State
MIAMI FL
Zip
33157 Country
USA

Suite, Apt. #, etc.
5810 SW 120th AVE
City & State
MIAMI FL
Zip
33183 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2002

5. FEI Number

82-0563513

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
D	RODRIGUEZ, JOSE M	18901 SW 97 AVE 5810 SW 120th Ave	MIAMI FL 33157
D	RODRIGUEZ, SUSANA C	18901 SW 97 AVE 5810 SW 120th Ave	MIAMI FL 33157

800023915738

10/17/03--01091--022 **750.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE M
18901 SW 97 AVE
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name
JOSE M. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
5810 SW 120th Ave
Suite, Apt. #, Etc.
City
MIAMI State
FL Zip Code
33183

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

REGISTERED AGENT MUST SIGN

Date 10-14-03

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

10-14-03 786 2511318

Date

Daytime Phone #

CR2E040 (7/03)