

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 17 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105444

1. Corporation Name
Baptist Home Care, Inc.

W08-49217

2. Principal Office Address - No P.O. Box #
3210 SW 105 ct

3. Mailing Office Address
3210 SW 105 ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip Country
33165 Miami-Dade

Zip Country
33165 Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 09/26/2007

5. FEI Number 02-0646496 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 Ramirez Rossana P

Street Address (P.O. Box Number is Not Acceptable)
3210 SW 105 ct

Suite, Apt. #, Etc.

City Miami

State Zip Code
FL 33165

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature]

REGISTERED AGENT MUST SIGN

Date 10/23/08

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
P	Ramirez Rossana P	3210 SW 105 ct	Miami FL 33165
VP	Ramirez Eelio Jr	3210 SW 105 ct	Miami FL 33165
			700137323787 10/27/08--01053--008 **150.00
			700137323787 11/17/08--01056--013 **150.00

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/23/08

Daytime Phone # (305) 300 5520

11/18