

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -6 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116768

1. Corporation Name

NEW AGE HOME HEALTH CARE INC.

2. Principal Office Address

8890 SW 24TH ST

Suite, Apt. #, etc.

218

City & State

MIAMI, FL

Zip

33155

Country

3. Mailing Office Address

8890 SW 24TH ST

Suite, Apt. #, etc.

218

City & State

MIAMI, FL

Zip

33155

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/30/2002

5. FEI Number
16-1636484

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

AMERICA GRAVERAN

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

8890 SW 24TH ST

Suite, Apt. #, Etc.

218

City

MIAMI

State

FL

Zip Code

33155

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 12/29/2004

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	AMERICA GRAVERAN	8890 SW 24TH ST SUITE 218	MIAMI, FL 33155

700044212887
01/06/05--01031--019 **450.00

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 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.

12/29/2004

Date

(305) 525-8818

Daytime Phone #

CR2E081 (01/04)

Zak

Miami, FL, March 29, 2004

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Attn: Ms. Katrina
409 East Gaines Street
Tallahassee, FL 32399

Ref: NEW AGE HOME HEALTH CARE INC., Document No. P02000116768

Dear Sirs,

This is to inform you that NEW AGE HOME HEALTH CARE INC. did not file its 2003 Annual Report because it changed its address to 8890 SW 24th St Suite 218, Miami, FL 33155 and, therefore, it did not receive the UBR Annual Report for 2003. Since this company wants to remain active, we are sending the filled-out Reinstatement Form for this company along with the payment of \$300 corresponding to the Annual Report fees for the years 2003 and 2004 for you to please reinstate this company and please waive any penalties that could have aroused by this situation.

Should you have further questions, please contact us at (305) 525-8818. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,



AMERICA GRAVERAN
President