

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 25 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PD2000-118888

1. Corporation Name

FLORIDA'S BEST HOME HEALTH REFERRALS,
INC.

2. Principal Office Address

6555 NW 36TH STREET

Suite, Apt. #, etc.

Suite 110

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

6555 NW 36th street

Suite, Apt. #, etc.

Suite 110

City & State

MIAMI, FL

Zip

33166

Country

USA

400023555074
10/03/03--01088--025 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

November 2002

5. FEI Number

810578192

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

DOMENECH, LIZA M.

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

6555 NW 36th street

Suite, Apt. #, Etc.

Suite 110

City

MIAMI

State
FL

Zip Code

33166

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

Liza Domenech
REGISTERED AGENT MUST SIGN

Date

September 23, 2003

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/D	LIZA DOMENECH	6555 NW 36th St. MIAMI, FL 33166	MIAMI, FL 33166

03 UBR TS

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)(f), 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

September 23, 2003 305 871-0901

Date

Daytime Phone #

CR2E081 (10/02)

**Alvarez, Taylor,
Eljaiek & Rodriguez, P.L.**

A T T O R N E Y S A T L A W

PRG/erw
2601 South Bayshore Drive
Suite 600
Coconut Grove, Florida 33133
Tel: 305.444.5885
Fax 305.444.8986
www.aterlaw.com

Real Estate Department
Tel: 305.444.9149
Fax 305.444.1939

September 23, 2003

VIA U.S. MAIL

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida's Best Home Health Referrals, Inc. 2003 UBR
Document No.: P02000118888

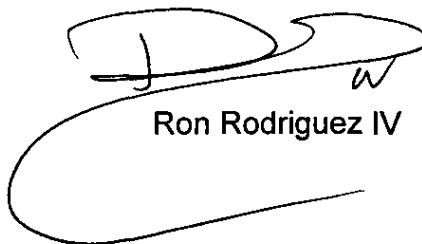
To Whom It May Concern:

Please be advised that the above referenced corporation has been erroneously dissolved administratively for its alleged failure to file its 2003 UBR. Kindly find attached for your review and consideration a completed Corporation Reinstatement form along with a confirmation of Florida's Best Home Health Referrals, Inc.'s (the "Company") 2003 online UBR filing. The Company filed its UBR online on April 17, 2003 and was charged \$150.00 with the following confirmation number: 400016241684.

It is quite evident that there has been a processing error in this matter that needs to be corrected. The Company requests that it be reinstated as an active Florida company and that the \$750.00 reinstatement fee be waived.

Should the Department of State, Division of Corporations, require anything further, please do not hesitate to contact the undersigned.

Sincerely,


Ron Rodriguez IV

RJR/al

Encl.