

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 22 AM 8:00

DOCUMENT # P02000133462

1. Corporation Name

AVOCARE INC

Principal Place of Business

Mailing Address

1865 BRICKELL AVENUE TH5
SUITE 1
MIAMI FL 33129

1865 BRICKELL AVENUE TH5
SUITE 1
MIAMI FL 33129



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2002

MRS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1865 Brickell Ave
TA-5 - Suite 1

1865 Brickell Ave
TA-5 Suite 1

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33129

33129

5. FEI Number

Applied For

82-0579338

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

307A 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MD	KAREN NERO	1865 Brickell Ave TA-5	Miami, FL 33129
MD	Maria Uzcategui	1865 Brickell Ave TA-5	Miami, FL 33129

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UZCATEGUI, MARIA
1865 BRICKELL AVENUE TH5
SUITE 1
MIAMI FL 33129

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

M. Uzcategui

REGISTERED AGENT MUST SIGN

Date

11/11/03

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:

Maria Uzcategui

Date

Daytime Phone #

11/21/03 - 305-862-9998

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Avocare Inc. LEGAL MEDICAL CONSULTING GROUP

Los Angeles- Miami-Portland-San Juan- Porto Alegre-Bogota-Caracas- Mexico City

12/18/2003

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

Re: Missing information
AVOCARE INC. P02000133462.

Dear Sir or Madam:

I talked to one of your representatives today, who said the form for reinstatement was returned to us again because of missing information, the titles for the officers was not included. Since he said that correspondence was mailed to us on December 3rd, and we have not received it, I am sending the amended form today, and I respectfully ask to have our corporation reinstated as soon as possible.

If you have any question please contact me at telephone number 305-860-9992, facsimile 305-860-9117 or email maca7@bellsouth.net.

Sincerely,



Macarena Uzcátegui

Vicepresident.

Enclosures