

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS
2063955014909

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 PM 2:44

DOCUMENT # P03 0000 16444

1. Corporation Name

HEMOCARE SERVICES & INSTALLATION, INC
6693 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319

2. Principal Office Address

6693 RACQUET CLUB DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

Zip

33319

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2003

5. FEI Number

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

LUIZ F. CEPINHO

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

6693 RACQUET CLUB DRIVE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

REINSTATEMENT

01-06

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 01/03/2006

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	LUIZ F. CEPINHO	6693 RACQUET CLUB DR.	LAUDERHILL, FL 33319

100066251971
02/11/06 01012 022 **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

01/03/2006

Date

Daytime Phone #

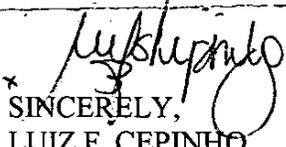
6693 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319

RE: **HOMECARE SERVICES & INSTALLATION, INC.**
P03000016444

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE ANNUAL REPORT PAPER IN MY HOUSE. BECAUSE IT'S THE FIRST TIME THAT I HAVE A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

PLEASE MAKE NOT OF MY NEW ADDRESS:
6693 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319


*
SINCERELY,
LUIZ F. CEPINHO

