

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000039157

1. Corporation Name

JOBA CARE CORPORATION

2. Principal Office Address

15540 Harrison Dr

Suite, Apt. #, etc.

City & State

Homestead

Zip
33033

Country

Miami-Dade

3. Mailing Office Address

15540 Harrison Dr

Suite, Apt. #, etc.

City & State

Homestead, FL 33033

Zip
33033

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **02-0685534**

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

RAMOS, JOSE RICARDO

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

15540 Harrison Dr

Suite, Apt. #, Etc.

City

Homestead

State
FL

Zip Code

33033

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

Jose Ramos

Date

03-03-06

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
P	Jose Ricardo Ramos	15540 Harrison Dr	Homestead, FL 33033
VP	Barbara Hernandez	15540 Harrison Dr	Homestead, FL 33033

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:

Jose Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-06

Date

(305) 246 9038

Daytime Phone #