FILED
2006 AUG 10 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

B 8/11/06

REINSTATEMENT 04-06

DOCUMENT # P03000083843

1. Corporation Name
Carib Home Health Agency Institute, Inc.

9719 South Dixie Highway, Suite # 15
Same

2. Principal Office Address	3. Mailing Office Address
9719 South Dixie Highway, Suite # 1	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33156 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/28/2003

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Rainford Bowes

Street Address (P.O. Box Number is Not Acceptable): 13325 S.W. 109th Place

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33176

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: 07/24/2006

REGISTERED AGENT MUST SIGN

CR2E031(10/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Rainford Bowes	13325 S.W. 109th Place	Miami, Florida 33156

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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: _____ 7/24/2006 (305) 667-9975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #