

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 14 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000097262

1. Corporation Name

Mi Arcosiris Family Care Inc

2. Principal Office Address

431 E 10 St

Suite, Apt. #, etc.

City & State

HIALOMAH, FL

Zip

33010

Country

USA

3. Mailing Office Address

431 E 10 St

Suite, Apt. #, etc.

City & State

HIALOMAH, FL

Zip

33010

Country

USA

REINSTATEMENT 04-05

11/03/04 01039 009 \$158.75

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

57-1189668

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

SAILE CRUZ

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

431 E 10 St

Suite, Apt. #, Etc.

City

HIALOMAH

State

FL

Zip Code

33010

800048846748

03/22/05-01024--008 **151.00

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

3/07/05

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
PSD	SAILE CRUZ	431 E 10 St	HIALOMAH, FL 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05

Date

786-337-6357

Daytime Phone #

CR2ED01 (01/05)

MARCH 7, 2005

DIVISION OF CORPORATION
STATE OF FLORIDA.

DEAR:

I was paid the annual report for year 2004 on Oct 30/2004, because I don't received any information to renew. My corporation MI ARCOIRIS FAMILY CARE INC with document # P030000-97262. I sent a check for \$158.75, that you cash. and I attached copy of that one now. I send now a ck for \$150.00 for the annual report for this year 2005.

Sincerely



STALLE CRUZ.
PRESIDENT