

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000014767

FILED
Oct 03, 2010
Secretary of State

Entity Name: BEST CARE AGENCY OF DADE COUNTY, INC.

Current Principal Place of Business:

5951 NW 173RD. DRIVE
UNIT #1
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

5951 NW 173RD. DRIVE
UNIT #1
MIAMI, FL 33015

New Mailing Address:

FEI Number: 56-2430757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, SERGE
5951 NW 173RD. DRIVE UNIT #1
NORTH-MIAMI, FL 33161 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SERGE FONTAINE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CASTOR, SEVIGNE
Address: 5951 NW 173RD. DRIVE UNIT #1
City-St-Zip: MIAMI, FL 33015

Title: D
Name: YANICK, CASTOR
Address: 5951 NW 173RD. DRIVE UNIT #1
City-St-Zip: MIAMI, FL 33015

Title: D
Name: FONTAINE, SERGE
Address: 5951 NW 173RD. DRIVE UNIT #1
City-St-Zip: MIAMI, FL 33015

Title: D
Name: FONTAINE, RAYMOND
Address: 5951 NW 173RD. DRIVE UNIT #1
City-St-Zip: MIAMI, FL 33015

Title: D
Name: KARLYN, FONTAINE
Address: 5951 NW 173RD. DRIVE UNIT #1
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SERGE FONTAINE

D

10/03/2010

Electronic Signature of Signing Officer or Director

Date