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## 2006 FOR PROFIT CORPORATION REINSTATEMENT

| REINSTATEMENT  |   |                                    |                  |  | FILED   |
|--|---|------------------------------------|------------------|--|---|
| DOCUMENT # P04000138945  |   |                                    |                  |  | 1 1 has be 1./  |
| 1. Entity Name<br>PINA AND FUER  | 00  |                                    |                  | 2007 JAN -9 AM 9: 11                           |   |
| Principal Place of Business Mailing Address  |   |                                    |                  | <u> </u>                                       | SECRETARY OF STATE<br>TALLAHASSEE.FLORIDA                                   |
| 14935 SW 297 ST 149  |   | 14935 SW 297 ST                    | 14935 SW 297 ST  |  |   |
| MIAMI, FL 33033 US   MIAMI, FL 33033 US  |   |                                    | JS               |  | QZ1484 1 4 4 4 4 4 7 7 06 -07   |
| Principal Place of Business  |   |                                    |                  |  |   |
| Suite, Apt. #, etc   |   | Suite, Apt. #, etc                 |                  |  |   |
| City & State   |   | City & State                       |                  |  | 4. FEI Number Aophed For  |
| Zio  | Country Zip Cou                             |                                    | Cour             | ntry   | 20-1713192   Not Applicable    5. Certificate of Status Desired             |
| 6. Name and Address of Current Registered Agent  |   |                                    |                  | <u> </u>                                       | 7. Name and Address of New Registered Agent                                 |
| AND AND FRANCE   |   |                                    |                  | Name   |   |
| MILAN, LEANET<br>  14935\$W 297   ST<br>  MIAMI, FL   33033  |   |                                    | Street Address ( | (P.O. Box Number is Not Acceptable)            |   |
|  |   |                                    |                  | City   | FL Zip Code   |
| Ine apove narried entity/s.comits this statement for the purpose of changing its registers.  |   |                                    |                  | ed office or registe.                          |   |
| the obligations of rep   |   | . /                                | 9.0.0            |  |   |
| SIGNATURE Anature track of continuous and or continuous and the ideapplicable (NOTE Registered Agent signature required when reinstabling)  DATE   |   |                                    |                  |  |   |
| Sanatule (13   | o or carrier and or registered agent        | and little it applicable (MO).     | E Register       | ed Agent signature redu                        | area when remarking)  |
|  | FEE IS \$750.00<br>8007, Fee will be \$900. | 00                                 |                  |  |   |
| 10.  | OFFICERS AND                                | DIRECTORS                          | 11.              | <u>,                                      </u> | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |
| NAME P MILAN.  | LEANET.                                     | Delete                             | TITU             |  | . 10troc .  |
| STREET ADDRESS 14935 SW 297 ST   |   |                                    | \$IR             | EE1 ADORESS                                    | 01/05/0701017007 **150.00   |
| inte MIAMI,  | FL 33033                                    | ☐ Delete                           | CHY              | r-St-ZIP                                       | Change Addition   |
| NAME<br>SIREET ADDRESS   |   | _ 5000                             | NAN<br>SIR       | ME<br>EET ADDRESS                              | 5/15/06 90041 028 150-00  |
| 2114 - ST - Z-P  |   |                                    | CITY             | r - \$1 - ZIP                                  |   |
| NAME   |   | ☐ Delete                           | TITE<br>MAN      |  | ☐ Change ☐ Addicer .  |
| 5"HEEL ADORESS<br>C TK-ST-ZIP  |   |                                    | SIR              | EET ADORESS                                    | ;<br>:  |
| TARE   |   | ☐ Delete                           | 100              | Ę.   | Change Aggrega  |
| NAME<br>STREET ADDRESS   |   |                                    | NAM<br>SIR       | ME<br>LEET ADDRESS                             | 1   |
| C171 - \$1 - Z1P   |   |                                    | CIT              | Y-S1-ZIP                                       |   |
| 1 TE<br>NAME   |   | ☐ Delete                           | TITE<br>NAM      | ŀ  | Change Addrict  |
| STREET ADDRESS   |   |                                    | STA              | EE1 ADORESS                                    |   |
| 1 - 2,2 <- \$1 - 2;P   |   | <del>اسا -</del> .                 |                  | Y · SI · ZIP                                   | ☐ Change ☐ Addition (   |
| 11UE<br>NAME   |   | Delete                             | TETU<br>NAT      |  | Change Adonto   |
| STREET ADDRESS   |   |                                    |                  | EET ADDRESS<br>Y · SI - ZIP                    | !   |
| 12. 1 nereby certify that  | the information supplied will               | n this filing does not quality for | or the ex        | emotions containe                              | ed in Chapter 119. Florida Statutes. I further certify that the information |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or tripstee empowered/to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 or Block 10 |   |                                    |                  |  |   |
| ·  | machinezi winian address.                   | A LIONA HOWEVER                    | ,                |  | il it and ad and and and  |
| SIGNATURE: MILLAGUET 15-200 786 234-514-19   |   |                                    |                  |  |   |
|  |   |                                    |                  |  |   |

Co/11/

PINA AND FUERTE ADULT CARE CO

January 2, 2007

**Division of Corporations** Florida Department of State PO BOX 6327 Tallahassee Fl 32314

Re: P04000138945

2005 Annual Report and Reinstatement Form

Dear Sirs:

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Attached are copies of our 2005 Annual Report and copy of our cancelled check when we originally filed the report on April 25, 2006. We never received your letter of May, 2006, but we did receive your letter dated November 7, 22006, which we replied on November 15, 2006 and attached a signed copy of the Annual Report.

We are enclosing the Corporate Re-instatement form for 2005 and hereby request that the reinstatement fee be waived for 2005.

Attached is also our Corporate Report for 2007 with our check for \$150.00.

We, hope to clarify this situation, as our professional licenses will not be renewed until this situation is corrected.

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