

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 13 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000115459**

1. Corporation Name

FLORIDACARE Home Health, Corp.

2. Principal Office Address - No P.O. Box #

6801 NW 77 ave

Suite, Apt. #, etc.

102

City & State

Miami FL

Zip **33166**

Country **USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **203331390**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name **Valentin Rodriguez**

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

6801 NW 77 ave

Suite, Apt. #, Etc.

102

City **Miami**

State **FL** Zip Code **33166**

000212038800
09/13/11--01005--010 **500.00

000212038800
09/13/11--01005--011 **400.00

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 **X Valentin Rodriguez**

REGISTERED AGENT MUST SIGN

Date **09/12/11**

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	VALENTIN Rodriguez	6801 NW 77ave # 102	Miami FL 33166

REINSTATEMENT 10-11
B 9/13/11

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: **X Valentin Rodriguez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **09/12/11**

Daytime Phone #