

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 20 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000014711

1. Corporation Name
WABLES HOME CARE SERVICES INC.

700162988567
11/20/09--01006--025 **450.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
0015 SW 59 TR

3. Mailing Office Address
0015 SW 59 TR

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33173

Country
DADE

4. Date Incorporated or Qualified To Do Business in Florida
1/30/00

5. FEI Number 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
INGRID MACHADO

Street Address (P.O. Box Number is Not Acceptable)
0015 SW 59 TR

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33173

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 11/18/09

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
<u>D</u>	<u>INGRID MACHADO</u>	<u>0015 SW 59 TR</u>	<u>MIAMI, FL 33173</u>

REINSTATEMENT

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, 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] Date 11/18/09

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