

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--	---

DOCUMENT # P07000015078

1. Corporation Name

MIRACLE HOME HEALTH CARE, INC.

2. Principal Office Address - No P.O. Box #  
2140 W FLAGLER ST # 211

3. Mailing Office Address  
SAME AS PRINCIPAL ADDRESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip  
33135

7. Name and Address of Current Registered Agent

Name  
MAYELIN GOMEZ

Street Address (P.O. Box Number is Not Acceptable)  
2140 W FLAGLER ST # 211

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL Zip Code  
33135

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

*Mayelin Gomez*

Date 09/28/2009

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
P	MAYELIN GOMEZ	2140 W FLAGLER ST # 211	MIAMI, FL. 33135

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: *Mayelin Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAYELIN GOMEZ

09/28/2009

Date

Daytime Phone #

FILED

09 OCT -1 PM 5:00

STATE  
FLORIDA  
REINSTATEMENT

500161242035  
10/01/09--01035--012 \*\*308.75

REINSTATEMENT 08-09  
CR2E081 (12/08)