

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33135

Country

USA

3. Mailing Office Address

SAME AS PRINCIPAL ADDRESS

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2007

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

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

☒ 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

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

MAYELIN GOMEZ

09/28/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 OCT -1 PM 5:00

STATE
RECEIVED

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

REINSTATEMENT 08-09
CR2E081 (12/08)

10/1/09