


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**  
09-10 A/R

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # P080000 22269

1. Corporation Name

Ana Home Care, Inc.

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

20555 SW 187<sup>th</sup> Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

20555 SW 187<sup>th</sup> Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33187

City & State

Miami, FL

Zip

Country

33187

4. Date Incorporated or Qualified  
To Do Business in Florida

2/29/08

5. FEI Number

26-3003460

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

Cire Gonzalez

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

12773 SW 45<sup>th</sup> Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

☒ 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

*Cire Gonzalez*

REGISTERED AGENT MUST SIGN

Date

1/8/10

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	Martha Mesa	20555 SW 187 <sup>th</sup> Ave.	Miami, FL 33187
* Corp. Vol. dissolved 9/15 - Revocation occurred on 1/11/10 - This filing acts as the 09-10 A/R.			

10. E-mail Address: Cirita@bellsouth.net

(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:

*Cire Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-08-10

Daytime Phone #

FILED

10 JAN 11 AM 10:20

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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