PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
98 NOV 16 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010590

1. Corporation Name
HOME CARE Solutions America, Inc

W98-25055

Principal Place of Business	Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
1701 W. Hillsboro Blvd	1701 W. Hillsboro Blvd	2/5/93
Suite, Apt. #, etc. # 401	Suite, Apt. #, etc. # 401	5. FEI Number 65-0422554 ☐ Applied For ☐ Not Applicable
City & State Deerfield FL	City & State Deerfield Beach, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip 33442 Country	Zip 33442 Country USA	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City State Zip 4
Vice President	DOYLE CAMPBELL	3000 BAYVIEW DRIVE	N. LAUDERDALE FL 33306
Sec/Treas	KEVIN CLAIR	400 W. Maple Rd # 150	BIRMINGHAM MI 48009
President	MIKE GIRARD	1000 Ryland St # 400	Reno NV 89502

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Kim Myrick
Street Address (P.O. Box Number is Not Acceptable): 1701 W. Hillsboro Blvd
Suite, Apt. #, Etc.: 401
City: Deerfield Beach State: FL Zip Code: 33442

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Kim Myrick — REGISTERED AGENT MUST SIGN — Date: 10/27/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Doyle R Campbell MD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10-26-98 — Daytime Phone #: 954-565-9811