

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *aa*  
REINSTATEMENT



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

DOCUMENT # **P93000010590**

1. Corporation Name

**HOME CARE SOLUTIONS AMERICA, INC.**

Principal Place of Business

1701 W. HILLSBORO BLVD  
#401  
DEERFIELD BEACH FL 33442  
US

Mailing Address

1701 W. HILLSBORO BLVD  
#401  
DEERFIELD BEACH FL 33442  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/05/1993

SP

5. FEI Number

65-0422554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
V	CAMPBELL, DOYLE	3000 BAYVIEW DRIVE	N. LAUDERDALE FL 33306
ST	CLAIR, KEVIN	400 W. MAPLE RD #150	BIRMINGHAM MI 48009
P	GIRARD, MIKE	1000 RYLAND ST #400	RENO NV 89502

700003033007--3  
-11702799--01096--008  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYRICK, KIM  
1701 W. HILLSBORO BLVD  
#401  
DEERFIELD BEACH FL 33442

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

10/20/99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Doyle Campbell*

10-20-99

Date

954-565-9811

Daytime Phone