

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 26441

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 JUN 20 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082834

1. Corporation Name

THE HOME CARE CONNECTION, INC.

Principal Place of Business

8350 SUNSET DR.
SUITE 122
MIAMI FL 33173

Mailing Address

8350 SUNSET DR.
SUITE 122
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

8900 N. Kendall Drive

Suite, Apt. #, etc.

Finance Department

City & State

Miami, FL

Zip
33176

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1993

5. FEI Number

65-0456031

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Brackin, Wayne	9350 Sunset Dr., Ste 122	MIAMI FL 33173
VD	Heydrich, Laura	9350 Sunset Dr., Ste 122	MIAMI FL 33173
D	Belbeck, Michael	9350 Sunset Dr., Ste 122	MIAMI FL 33173
ST	KELLER, HARRY	9350 SUNSET DR., STE 122	MIAMI FL 33173
REINSTATEMENT 96-97			
NO 6-20-97			

8. Name and Address of Current Registered Agent

KELLER, HARRY H
9350 SUNSET DR., STE 122
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

Jody Lehman, Esquire

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

8900 N. Kendall Drive

Suite, Apt. #, Etc.

City

Miami,

900002220699--0

06/24/97 State 10002-020

***915.0BL ***916.00

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

Jody Lehman
REGISTERED AGENT MUST SIGN

Date

1/10/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Stuntz

1/17/97

Date

(305) 273-2800
Daytime Phone #

CR2040 (7/96)