PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -3 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000088794

1. Corporation Name
Magic Home Health Care Corp

Principal Place of Business
551 W 51 Place
Hialeah, Fl 33012

Mailing Address

REINSTATEMENT 96 CAD

DO NOT WRITE IN THIS SPACE

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 Address, If Applicable
551 W 51 Place	551 West 51 Place
Suite, Apt. #, etc: 1st Floor	Suite, Apt. #, etc: 1st Floor.
City & State: Hialeah, Florida	City & State: Hialeah, Florida
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 19, 1989

5. FEI Number: 65-0132041 — Applied For: — Not Applicable:

6. CERTIFICATE OF STATUS DESIRED: X

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
Pres	Danilo Gomez	551 West 51 Place 1st floor	Miami, Florida 33012

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-12/04/96--01053--018
****383.75 ****383.75

8. Name and Address of Current Registered Agent

Isabel San Juan
551 West 51 Place
Hialeah, Florida 33012

9. Name and Address of New Registered Agent

Name: Danilo Gomez
Street Address (P.O. Box Number is Not Acceptable): 551 West 51 Place
Suite, Apt. #, Etc: 1st Floor
City: Hialeah State: FL Zip Code: 33012

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: Danilo Gomez
REGISTERED AGENT MUST SIGN

Date: 10/28/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes: Yes [X] No [ ]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: Danilo Gomez Danilo Gomez President 10/28/96 305-4778838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #