96 APR ~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 JUL 22 AM 9:53

DOCUMENT # p94000014140

1. Corporation Name

143 Home Health, Inc.

Mailing Address	Principal Place of Business
701 N.W. 36th Avenue	701 N.W. 36th Avenue
Miami, FL 33125	Miami, FL 33125

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

500001900085
-07/22/96--01018--008
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
4744 S.W. 74th Avenue	4744 S.W. 74th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, FL
Zip: 33155 Country: Dade	Zip: 33155 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 2/21/94

5. Fei Number: 65-0468803 ☐ 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 Number's)	4 City / State / Zip
PD	Dennis Garcia	14950 S.W. 152nd Terrace	Miami, FL 33187
VPD	Elena Lorcano	11481 S.W. 208th St.	Miami, FL 33157

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Leonor Rodriguez 701 N.W. 36th Avenue Miami, FL 33125	Name: Dennis Garcia Street Address (P.O. Box Number is Not Acceptable): 4744 S.W. 74th Avenue Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33155

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: Dennis Garcia Date: _____
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. 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., 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: Dennis Garcia