

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



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

FILED

01 DEC 31 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021122**

1. Corporation Name

DADE CARE, INC.

Principal Place of Business

4820 NW 98 PLACE
MIAMI FL 33178
US

Mailing Address

4820 NW 98 PLACE
MIAMI FL 33178
US

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1994

5. FEI Number

65-0502402

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CASANOVA, ALICIA L	4820 NW 98 PLACE	MIAMI FL 33144
D	CASANOVA, JOSE M	4820 NW 98 PLACE	MIAMI FL 33178

100004883381--7
-02/06/02--01055--018
***150.00 ***150.00

8. Name and Address of Current Registered Agent

CASANOVA, JOSE M
4820 NW 98 PLACE
MIAMI FL 33178

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

CR2E040 (8/01)

2082

December 20, 2001

Ms. Katherine Harris
Secretary of State
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

RE: Dade Care, Inc.
Corporation FEI Number: 65-0849289

It was indeed a pleasure speaking to your office this afternoon and finding so understanding a person on the other side of the phone line. As I mentioned to your representative, our family has undergone some difficulties this year. My father-in-law, who would have ordinarily taken care of this issue for Dade Care, Inc., has had several surgeries and has spent the last nine months in intensive care at Mercy Hospital.

Jose Manuel Casanova
DOB: 08-14-30
262-70-8811 Medicare
Dates of Hospitalization: 2/26 to 10/15/01

Needless to say, the company's paperwork took a back seat to his recuperation. Mr. Casanova is, as of yet, not fully well. However, the family is making an extraordinary effort to bring all of his affairs back up to date and current. I am personally assisting my mother-in-law with these efforts.

I had Mrs. Alicia L. Casanova sign the corporate reinstatement forms. As per your instructions to me, due to the extraordinary circumstances of this case, we are sending the fees for normal renewal to your office.

Enclosed please find our company check in the amount of \$150.00 in order to reactivate the corporation. Should you require anything further, you may reach me at (305) 715-9956 and I will be happy to answer any additional questions that you may have.

Thank you for your personal assistance and prompt attention to this request.

Very truly yours,



Georgina Marty Casanova
Daughter-In Law

Enclosure: Check # 2395 \$150.00