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APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE <h1 style="font-size: 2em;">FILED</h1> 97 DEC 30 AM 11:31
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1. Name and Mailing Address of Corporation: **DOCUMENT # P94000045832**

R.C. MEDICAL HOME CARE, INC.

727 N.E. 79th Street
Miami, Fl. 33138

REINSTATEMENT *96-97*

2. If Address in Block 1 is incorrect address below. The Name of the Corporation can be changed only by filing an amendment.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Address _____

Address _____

City and State _____

Zip Code _____

3. Date Incorporated or Qualified To Do Business in Florida 9/14/94	4. FEI Number 59-2808232	FEI Number Applied For _____	5. 33,75 100,000 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
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6. Names and Street Addresses of Each Officer and/or Director			
1. Title	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 and State
P/D	JESUS RODRIGUEZ	727 N.E. 79th Street	Miami, Fl. 33138
S/D	PETER SZANKO	727 N.E. 79th Street	Miami, Fl. 33138
V.P.	RUBER COSTA	727 N.E. 79th Street	Miami, Fl. 33138
V.P.	RUBER COSTA	727 N.E. 79th Street	Miami, Fl. 33138

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

JESUS RODRIGUEZ
727 N.E. 79th Street
Miami, Fl. 33138

8. Name and Address of New Registered Agent and/or Office

Name _____

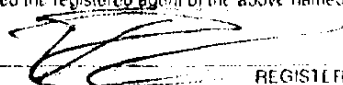
Street Address (Do NOT Use P.O. Box Number) _____

Street Address (Do NOT Use P.O. Box Number) _____

City and State _____ Zip _____

FL.

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

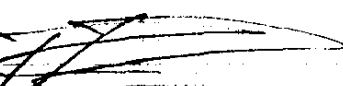
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: **Dec 2 97**

10. 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.)

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 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 of Officer or Director:  Date: **Dec 2 97** Daytime Phone #: **(305) 806-1958**

Typed or printed name of signing officer or director: **JESUS RODRIGUEZ, President**

CPREC 03/92