

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 APR 28 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051482**

1. Corporation Name

Home Care National Inc

2. Principal Office Address

4240W 12 ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Healeah FL

City & State

Zip

33012

Country

Dade

Zip

Country

REINSTATEMENT

99-180

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-12-1994

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Magali G Rodriguez

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

20000 NW 83 Ct

Suite, Apt. #, Etc.

200003247452-8

05/11/00-01009-010

*****900.00 ***900.00**

City

Healeah

State

FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Magali G Rodriguez
REGISTERED AGENT MUST SIGN

Date 4-10-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presid.	Magali G Rodriguez	20000 NW 83 Ct	Healeah FL 33015
Secr.	Magali G Rodriguez	20000 NW 83 Ct	Healeah FL 33015
Treas.	Magali G Rodriguez	20000 NW 83 Ct	Healeah FL 33015

10. 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Magali G Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 (305) 558-4884

Date

Daytime Phone #

CR2E081 (9/99)