

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061724

1. Corporation Name

A-1 Care Supplies Corp.

2. Principal Office Address

4286 PALM AVE

Suite, Apt. #, etc.

City & State

HIWALEAH FL

Zip

33012

Country

MIAMI-DADE

3. Mailing Office Address

4286 PALM AVE

Suite, Apt. #, etc.

City & State

HIWALEAH FL

Zip

33012

Country

MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

08-17-94

5. FEI Number

65-0541635

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

JOSE S. HARTMAN

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

4286 PALM AVE

Suite, Apt. #, Etc.

City

HIWALEAH

400009523964

12/16/02 01055 000 \*\*150.75

State

FL

Zip Code

33012

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

Date

REGISTERED AGENT MUST SIGN

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
Pres	JOSE S. HARTMAN	4286 PALM AVE	HIWALEAH FL 33012

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 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 #

CR2E081 (9/99)

# A-1 CARE SUPPLIES CORP.

December 11, 2002

Division of Corporations

Dear Officers:

In conversation with some people there, we informed that we received an administrative dissolution certificate, we never received the regular annual report because we moved last year to other location.

We are sending \$150. With the reinstatement application as request by telephone.

Thank for your cooperation

Sincerely,



Jose S. Hartman  
President