

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000073439**

1. Corporation Name

DJCM HOME HEALTH CARE INC.

FILED
96 NOV 15 AM 10 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~3001 NW 7TH ST - SUITE 300~~
~~MIAMI FL 33135~~

~~3001 NW 7TH ST - SUITE 300~~
~~MIAMI FL 33135~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1994

~~215 S.W. 17th Ave~~
~~Suite, Apt. #, etc.~~

~~215 S.W. 17th Ave~~
~~Suite, Apt. #, etc.~~

5. FEI Number

65-0524872

Applied For

Not Applicable

~~#306~~

~~# 306~~

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33135

33135

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

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 Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-----------------------|
| DP | GONZALEZ, DALIA | 6237 W. FLAGLER ST. APT 2 310 N.W. 107th Ave Apt#102 | MIAMI FL 33144 |
| VST-- | GONZALEZ, DALIA- | 6237 W. FLAGLER ST. APT 2 | MIAMI FL 33144- |
| VST | GONZALEZ JESUS | 6046 North Waterway Dr | Coral Gables FL 33155 |
| | | | |
| | | | |
| | | | |

~~600002011636--8~~
~~-11/21/96--01093--028~~
~~***383.75 ***383.75~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, DALIA

~~6237 W. FLAGLER ST. APT 2~~ 310 N.W. 107th Ave #102
~~MIAMI FL 33144~~ Miami, FL 33135

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

Dalia Gonzalez
REGISTERED AGENT MUST SIGN

Date **October 15, 1996**

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 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:

Dalia Gonzalez
REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 15, 1996 644-3504

Date

Daytime Phone #