## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION .
FOR
REINSTATEMEN <sup>®</sup>



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

FILED

97 FEB 19 AM 7:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SHAR Home Care INC.				noting ( - v.)		
Principal Place of Business Mailing Address  360 E 17 Street Same.  Hialah, Tl. 33010				REINSTATEMENT 96-97		
If above addresses are incorrect in any way, line throws the second seco	3. New Mailing Office A Suite, Apt. *, etc.  City & State  Zip  or Director (Florida nonpre	Address, If Applicable  Country	5. FEI Number 5. FEI Number 6. CERTIFICATE ast 3 directors)	orated or Qualified less in Florida  Applied For Not Applicable  OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status  City / State / Zip		
P,T,S. MARISOL LLANT	ERA 853	E 20 Shlu	<b>.</b>	Hialeah, Fl. 33013		
				100020968509 -02/25/9701083025 ****923.75 ****923.75		
8. Name and Address of Current R	legistered Agent		9. Name and A	UB 2-30-97 Address of New Registered Agent		
marcisol Llamer 353 E 20 Street Hialeah, Fl. 33013		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
10. I, being appointed the registered agost of the above bignature of Registered Agent Ref	re named corporation, am  OLC  GISTERED AGENT MUS		obligations of Secti			
11. Does this corporation pay a Dept. of Revenue under S.	ny intangible ta 199.032, Florid	x to the a Statutes. Yes	⊠ No[	(See other side for information on intangible tax.)		
12. I certify that I am an officer or director or the receive this reinstalement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my sig	ution has been eliminated ames of individuals listed	<ol> <li>the corporate name satisfies on this form do not qualify for</li> </ol>	the requirements an exemption und			