

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE
APPROVED
AND
FILED

97 FEB 27 PM 2:48

Read Instructions on Other Side Before Making Entry
Make Check Payable To: Department of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # P94000077648

Care Point Home Health Services, Inc.
3215 NW 10th Terrace
Suite 205
Fort Lauderdale, FL 33309

2. If Address in Block 1 is different from mailing address, enter correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida
Oct. 21, 1994

5. FEI Number
105-0529188

FEI Number Applied For
FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☒

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
Dir	Theresa Elliot	3215 NW 10th Terr.	Ft. Lauderdale, FL 33309

REINSTATEMENT 96-97
9. Alan
2/27/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Charles B. Pearlman
Atlas, Pearlman, Trop & Borkson, P.A.
200 E Las Olas Blvd., Suite 1900
Ft. Lauderdale, FL 33309

9. If changed, new registered agent / office
Name 400002103314-3
-03/04/97--01032--001
***923.75 ***923.75
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City State Zip
FL.

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

REGISTERED AGENT MUST SIGN

Date

11. 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.)

12. 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.)

13. 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., 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

Daytime Phone #

Typed or printed name of signing officer or director

Theresa Elliot

2/26/97
Elliot