

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 12:26

DOCUMENT # P94000077648

1. Corporation Name

CARE POINT HOME HEALTH SERVICES, INC.

Principal Place of Business

1900 NW CORPORATE BLVD
410 WEST
BOCA RATON FL 33431
US

Mailing Address

1900 NW CORPORATE BLVD
410 WEST
BOCA RATON FL 33431
US



REINSTATEMENT

01

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

10/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0529188

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ELLIOT, THERESA	3215 NW 10TH TERR, #205 1900 N.W. CORPORATE BLVD, #410W	FT. LAUDERDALE FL 33309 BOCA RATON, FL 33431
P	SHIELDS, BOBBY L ESQ.	3215 NW 10TH TERR, #205 1900 N.W. CORPORATE BLVD, #410W	FT. LAUDERDALE FL 33309 BOCA RATON, FL 33431
			800004769028--6 01/11/02--01037--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHIELDS, BOBBY L ESQ.
2350 NW 36 AVE
COCONUT CREEK FL 33066

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

REGISTERED AGENT MUST SIGN

Date 10/23/01

11. 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

10/23/01

Date

954-263-0841

Daytime Phone #

CR2ED040 (8/01)